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ABSTRACT

A national representative survey of primary care physicians (N=648) was conducted to determine how they deal with patients who have substance abuse problems. The survey revealed how physicians identify substance abuse in their patients, what efforts they make to help these patients and what barriers they find to effective diagnosis and treatment. The most troubling finding of the survey was that 94 percent of the physicians failed to include substance abuse among the five diagnoses they offered when presented with early symptoms of alcohol abuse in an adult patient. Also surveyed were 510 adults currently receiving treatment for substance abuse. Most patients said their physicians did nothing about their substance abuse. These findings add up to an enormous lost opportunity. Substance abuse and addiction are the leading cause of death, disability, and disease in the United States. Primary care physicians have a unique opportunity to intervene to avoid these consequences. To avoid the missed opportunity, this report recommends that medical schools increase training in substance abuse, that primary care physicians screen patients for substance abuse, and that insurers provide for physicians talking to patients about substance abuse. (Contains 3 appendixes, 27 figures, and 30 references.) (JDM)

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ED 452 442

Missed Opportunity:

National Survey of Primary Care Physicians and Patients on Substance Abuse

Conducted by the Survey Research Laboratory,
University of Illinois at Chicago

April 2000

Funded by Josiah Macy, Jr. Foundation

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Foreword and Accompanying Statement
by Joseph A. Califano, Jr., Chairman and President

The CASA National Survey of Primary Care Physicians and Patients on Substance Abuse is the most comprehensive nationally representative survey of how primary care physicians--family doctors, pediatricians, general practitioners, internists and obstetricians and gynecologists--deal with patients who have substance abuse problems and the experiences of such patients with their primary care physicians. This survey and report was funded by the Josiah Macy, Jr. Foundation as part of its effort to enhance the effectiveness and relevancy of physician education and training in medical school, residency and continuing medical education programs.

The CASA primary care physician survey reveals how such physicians identify--or fail to identify--substance abuse in their patients, what efforts they make to help these patients and what are the barriers to effective diagnosis and treatment. CASA surveyed a nationally representative sample of 648 primary care physicians and a patient sample of 510 adults currently receiving treatment for substance abuse in 10 facilities in California, Illinois, New York and Minnesota. The surveys were designed by CASA and conducted by the Survey Research Laboratory, University of Illinois at Chicago, in the Spring and Summer of 1999.

The most troubling finding of the survey is that 94 percent of primary care physicians (excluding pediatricians) failed to include substance abuse among the five diagnoses they offered when presented with early symptoms of alcohol abuse in an adult patient.

Many of the other findings are also disturbing:

- Forty-one (40.8) percent of pediatricians failed to diagnose drug abuse when presented with a classic description of an adolescent patient with symptoms of drug abuse.
- Most patients (53.7 percent) said their primary care physician did nothing about their substance abuse: 43 percent said their physician never diagnosed it, 10.7 percent believe their physician knew about their addiction and did nothing about it.
- Less than one-third of primary care physicians (32.1 percent) carefully screen for substance abuse.

- Only one in five (19.9 percent) primary care physicians consider themselves "very prepared" to identify alcoholism, only16.9 percent consider themselves "very prepared" to spot illegal drug use, and 30.2 percent consider themselves "very prepared" to spot prescription drug abuse.
- Most patients (54.8 percent) agreed that physicians do not know how to detect addictions.
- Most patients (54.5 percent) say that doctors prescribe drugs that could be dangerous to addicted individuals. Thirty (29.5) percent of patients said their physician knew about their addiction and still prescribed psychoactive drugs such as sedatives or Valium.
- The average patient was abusing alcohol, pills and/or illegal drugs for ten years before entering treatment.
- Three out of four patients (74.1 percent) said their primary care physician was not involved in their decision to seek treatment and 16.7 percent said the physician was involved only "a little."

These findings add up to a monumental lost opportunity. They also speak to the failure of the medical profession at every level--in medical school, residency training, continuing education and in practice--to confront the nation's number one disease. They reveal the harmful impact of the refusal of health insurers and health maintenance organizations to accept responsibility to provide coverage for physicians to talk to their patients and for treatment of substance abuse and addiction.

Directly and indirectly substance abuse and addiction--involving tobacco, alcohol, illegal and prescription drugs--is the leading cause of death, disability and disease in the United States today. It costs society close to half a trillion dollars every year. Substance abuse and addiction are implicated in America's social problems--shattered families, crime, spread of AIDS and other sexually transmitted diseases, teen pregnancy, spousal and child abuse, traffic accidents and fires, premature death from cancer, heart disease, stroke, emphysema and other respiratory illnesses and reduced productivity.

America's primary care physicians, as the gatekeepers of our healthcare system, have a unique opportunity to intervene to avoid these devastating consequences. About 70 percent of the population--about 191 million Americans--see one of the more than 255,000 primary care physicians at least once every two years. Americans make almost 200 million visits each year to general and family practitioners.

The failure of most primary care physicians to identify, diagnose, intervene and treat substance abuse and addiction, especially in its early stages when the potential for success is high and medical and social costs are relatively low, is a lost opportunity that imposes enormous cost on individuals, families and public resources.

More than nine in ten physicians fail to spot substance abuse in adults. Four out of ten miss it in teens. Most patients say their primary care physician did nothing about their substance abuse. Few physicians press patients to enter treatment. Whether out of lack of training, time, confidence in treatment effectiveness or concern--or fear of losing patients--too many primary care physicians are squandering an opportunity priceless to patients whose lives may be saved and worth billions to society and in health care and criminal justice costs. The harm that ensues from failure to diagnose and treat this condition reverberates through every aspect of American life and into future generations.

CASA's survey reveals some of the reasons why physicians are missing or misdiagnosing a patient's substance abuse:

- **Lack of adequate training in medical school**, residency programs and continuing medical education courses about the nature of addiction and how to recognize clusters of symptoms that may signal substance abuse.
- **Skepticism about treatment effectiveness.** Only 3.6 percent of surveyed physicians think treatment for alcoholism is very effective and only 2.1 percent think treatment for illegal drug abuse is very effective. In contrast, primary care physicians consider treatments to be very effective for other chronic conditions such as hypertension (85.7 percent) and diabetes (69 percent).
- **Patient resistance.** A majority of physicians (57.7 percent) say they don't discuss substance abuse with their patients because they believe their patients lie about it, and 84.9 percent of patients admit to lying to their physicians.
- **Discomfort discussing substance abuse.** Forty-one (40.7) percent of physicians find it difficult to discuss alcohol abuse with patients and 46.6 percent find it difficult to discuss prescription drug abuse compared to 17.9 percent who find it difficult to discuss depression.
- **Time constraints.** One-third (35.1 percent) of physicians say time constraints keep them from discussing substance abuse with their patients.

- **Fear of losing patients.** One-quarter of physicians do not want to frighten or anger their patients by discussing substance abuse and 11 percent fear it may encourage a patient to seek another doctor.
- **Lack of insurance coverage.** Eleven percent of physicians are concerned that they won't be reimbursed for the time required to screen and treat a substance-abusing patient and admit that this keeps them from discussing substance abuse. Managed care limits the time available to discuss a very complex problem that patients do not readily admit.

When physicians do spot a substance abuse problem in a patient, two-thirds (66.8 percent) report using "brief interventions" for patients with alcohol-related problems and 82.6 percent for patients with smoking-related problems. Patients who were referred for treatment by their physicians indicated satisfaction with their physician's referral.

To take advantage of the opportunity facing primary care physicians to reduce the costs and consequences of substance abuse and addiction in America, CASA recommends that:

- Medical schools, and residency and continuing education programs step up training in substance abuse.
- Licensing boards and residency review committees of primary care specialties require substantial training in substance abuse and addiction.
- Medicare, Medicaid, private insurers and managed care expand coverage for a range of substance abuse treatment services.
- Medicare, Medicaid, private insurers and managed care organizations pay physicians to talk to patients about substance abuse.
- Primary care physicians screen their patients for substance abuse and learn to recognize the cluster of symptoms that may signal abuse.
- Primary care physicians be held liable for negligent failure to diagnose substance abuse and addiction and encourage their patients to seek treatment.

We thank the Josiah Macy, Jr. Foundation for their support which enabled CASA to conduct these surveys and particularly the Foundation's president, Dr. June E. Osborn, for her dedication to improving physician education and understanding regarding substance abuse.

Many individuals worked hard to produce this report. The team led by Dr. Timothy Johnson and assisted by Dr. Holly Hart at the Survey Research Laboratory at the University of Illinois at Chicago, did an excellent job in conducting the surveys and helping to analyze the findings. Alyse Booth, CASA Vice President and Director of Communications, managed this project and supervised the research. Susan Foster, CASA Vice President and Director of Policy Research and Analysis, edited and supervised the preparation of this report. Steve Kilgore and Noeline Maldonado assisted with charts and administrative details. Dr. Herbert Kleber, Executive Vice President and Medical Director, Patrick Johnson, Ph.D., and Dr. Dana Best, reviewed drafts of the report. We are grateful for the cooperation provided by the American Medical Association, The American Academy of Family Physicians, the American Society of Internal Medicine, The American College of Obstetricians and Gynecologists and The American Academy of Pediatrics in helping us reach their members and we admire their commitment to better prepare physicians to help patients with substance abuse problems.

Many have helped with this undertaking, but as always CASA is responsible for the analysis and findings in this report.

I. A Golden Opportunity

Substance abuse and addiction rank among the leading causes of death and disability in the United States today, consuming one of every five dollars spent on Medicaid hospital care[1] and costing society close to half a trillion dollars every year.[2] The consequences of this health problem reach into every aspect of American life, destroying families, increasing crime, fostering spousal and child abuse and neglect, increasing the chances of teen pregnancy, causing traffic accidents and fires, reducing productivity and causing premature death from AIDS, cancer, heart disease, stroke, emphysema and numerous other illnesses. America's primary care physicians, as the gatekeepers of our healthcare system, have a powerful opportunity to intervene to avoid these devastating consequences. Their ability to take advantage of this opportunity rests on how well they identify, diagnose, intervene and treat the condition. To assess how well physicians are responding to this challenge, CASA conducted the most comprehensive national survey of primary care physicians and patients on substance abuse to date.

An Opportunity to Reduce Illness, Disability and Health Care Costs

Substance abuse is public health problem number one in America today.[3] Sixty-one million Americans are hooked on cigarettes. Some 14 million are addicted to alcohol or abuse it.[4] Another 33 million binge drink at least once a month. Close to 14 million Americans use illegal drugs and about five to six million of them abuse or are addicted to drugs such as heroin, cocaine and amphetamines.[5] The age of first use of these substances has been declining. In their senior year of high school, 30.8 percent of teens binge drink, 23.1 percent regularly use marijuana, and 10.4 percent regularly use other illicit drugs. By the time teens graduate from high school, 55 percent have used an illicit drug.[6] Even the elderly do not escape this plague. An estimated 2.8 million women age 60 and older are hooked on psychoactive prescription drugs.[7]

These rates of substance abuse tax every segment of our health care system, contributing to or causing more than 70 conditions that require hospitalization, complicating the treatment of most illnesses, prolonging hospital stays, increasing morbidity and sharply raising costs. [8] About a quarter of all deaths in the United States are caused, directly or indirectly, by substance abuse.[9] Substance abuse is a major contributor to the leading causes of death in the United States--heart disease, cancer and stroke.[10]

This problem extracts an enormous toll from our health care dollar. Alcohol and drugs alone accounted for more than $34 billion in health care expenditures in 1995.[11] Tobacco easily adds another $30 billion to the tab.[12] Much of these costs--both human and financial--can be avoided through early detection, accurate diagnosis and effective treatment.

An Opportunity to Reduce Other Consequences to Society

The vast majority of substance abuse related spending goes to cope with the consequences of untreated addiction and those consequences extend far behond the nation's health care budget. Untreated substance abuse and addiction account for most of the costs of the nation's prisons and jails, consume 70 percent of child welfare spending, complicate the burden on our nation's schools, extract their tolls on our highways, waste billions each year in lost productivity and wreak havoc to families across the country. [13]

Primary Care Physicians Are Key

Because most Americans see primary care physicians regularly, these physicians represent a powerful opportunity to intervene. Primary care physicians serve as gatekeepers to the health care system and are in a unique position to identify substance abuse and addiction problems and help people receive the treatment they need.

About 70 percent of the population--some 191 million Americans--see one of the 255,173 primary care physicians at least once every two years.[14] Primary care physicians practice in internal medicine (93,227), family medicine (66,564), pediatricians (45,425), OB-GYN (34,111) and general practice (15,846).[15] General practitioners and family practitioners are the physician specialties most frequently visited (186,190,000 visits in 1996).[16]

To most Americans, the physician is a trusted and respected figure whose words can convince patients to change their behavior.[17] Of all physicians, it is the primary care doctor who has ongoing contact with patients, can build a personal relationship based on candor and trust and intervene when their patients need help. Primary care physicians have a unique opportunity to intervene early in the addiction process, counseling, prescribing appropriate therapies and, if necessary, referring the patient to treatment or other specialists rather than waiting until the later stages of addiction where both medical and social costs are high. [18]

Are We Taking Advantage?

To understand how primary care physicians go about identifying substance abuse in their patients, what efforts they make to intervene to help them and what barriers exist in effectively diagnosing and treating these patients, CASA conducted the most comprehensive national survey done to date of primary care physicians and patients to determine their attitudes and behaviors related to substance abuse. The surveys were conducted for CASA by the Survey Research Laboratory (SRL) at the University of Illinois at Chicago in the Spring and Summer of 1999. The physician survey included 648 primary care physicians specializing in family medicine, general practice, internal medicine, obstetrics and gynecology and pediatrics. The patient survey included 510 adult patients currently receiving treatment for substance abuse in 10 facilities in California, Illinois, New York and Minnesota. The physician survey was nationally representative with a margin of error of +/-3.9 percent. The patient survey was a convenience sample. (See Appendix A for survey methodology, Appendix B for more detailed information on key survey findings and Appendix C for survey instruments).

II. The Lost Opportunity

CASA's physician and patient survey reveals that we are missing a key and powerful opportunity to prevent and reduce substance abuse and addiction and all its accompanying costs and consequences. Physicians are not screening their patients carefully for substance abuse. Nearly 94 percent of them fail to accurately diagnose an alcohol problem in adults. Forty percent miss an illegal drug abuse diagnosis in teens. Most patients (53.7 percent) say their primary care physician did nothing about their substance abuse. Few physicians immediately refer patients for treatment and that may have the effect of delaying treatment for years.

Physicians Are Not Careful Screeners

To gain an idea of how thoroughly primary care physicians regularly screen for substance abuse, an index to determine which physicians are careful screeners was designed. Careful screeners are physicians who report doing at least three of the following: 1) "almost always" ask patients about substance use when they suspect the patient has a problem; 2) administer a health history form to patients at least annually with substance use questions including questions about the quantity and frequency of alcohol use; 3) administer a substance abuse screening instrument; and, 4) "almost always" discuss tobacco, alcohol and drug use with pregnant patients. Less than one-third of physicians (32.1 percent) qualified as careful screeners.

The one-third of physicians who are careful screeners are more likely to be female (40.4 percent) and OB-GYN (40.2 percent), to have attended medical school in the past ten years (39.3 percent) and to have received continuing medical education (CME) substance abuse training in the past five years (38.2 percent). These physicians are likelier to

Chart 1

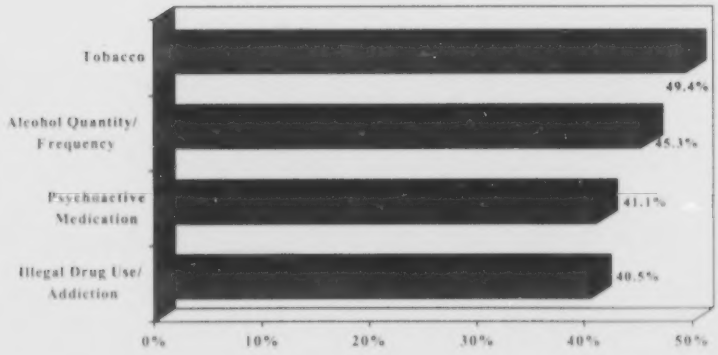
Careful Screeners:

- More likely to be female (40.4%)
- More likely to be Ob-Gyn (40.2%)
- Attended medical school in past 10 years (39.3%)
- Received CME training in past five years (38.2%)
- Had personal experiences with substance abuse with both family and close friends (36.9%)
- Feel most prepared to diagnose substance abuse (39.8%)
- Find discussing patient substance abuse least difficult (43.8%)

believe that they were very prepared to diagnose substance abuse (39.8 percent) and to have both friends and family with substance abuse problems (36.9 percent). They are less likely to find it difficult to discuss substance abuse with their patients (43.8 percent). (Chart 1)*

Chart 2

Physicians Who Screen Annually For Substance Abuse Ask About:



The one situation where physicians seem to be most vigilant about screening for substance abuse is with pregnant patients: 87.3 percent say they discuss tobacco use with almost all of their pregnant patients, 78.4 percent discuss alcohol use, and 78.5 percent discuss drug use including illegal, over-the-counter and prescription drugs.

Once physicians know or suspect a patient has a substance abuse problem, two-thirds of physicians (65.6 percent) say they discuss a patient's alcohol abuse and 69.8 percent say they discuss a patient's illegal drug abuse with almost all of these patients.

More than half (53.4 percent) of physicians ask their patients to complete a health history form at least once a year; 30 percent request it only at the patient's first visit. Of physicians who do screen at least annually, less than half ask about tobacco use (49.4 percent), quantity and frequency of alcohol use (45.3 percent), use of psychoactive medications (41.1 percent) or use or addiction to illegal drugs (40.5 percent). (Chart 2)

Only 31.8 percent say they *ever* administer standard alcohol or drug use screening instruments to patients. Of the third of doctors who use a formal screening instrument, 55

The CAGE Questionnaire

- Have you ever felt you ought to **C**ut down on your drinking?
- Have people **A**nnoyed you by criticizing your drinking?
- Have you ever felt badly or **G**uilty about your drinking?
- Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover (**E**ye opener)?

*For further information on the data presented in the charts in this report see Appendix B.

percent use the CAGE questionnaire, which includes four brief questions for which at least one positive answer may indicate an alcohol problem.

Hypothetical married 38-year-old male/female patient with early symptoms of alcohol abuse

- recurrent abdominal pains
- job-related anxiety and stress
- intermittent elevated blood pressure
- gastritis visible on gastroscopy
- trouble sleeping and irritability
- normal libido, no psychiatric history

Physicians Are Missing the Substance Abuse Diagnosis

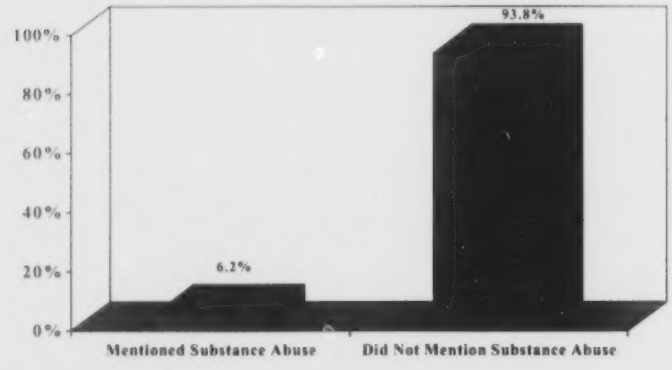
Diagnosing Adult Substance Abuse

To assess the extent to which physicians diagnose substance abuse in their patients, the *CASA National Survey of Physicians and Patients on Substance Abuse* began by posing a hypothetical case of a 38-year-old patient with early symptoms of alcohol abuse to physicians who are family and general practitioners, OB-GYNs and internists. The symptoms were selected from medical studies and were reviewed by three primary care physicians.[19] Half the family and general practitioners and internists were presented with the vignette for a female patient and half with a male patient; all the OB-GYNs were presented with a female patient.

The hypothetical adult patient had an array of complaints: recurrent abdominal pains, intermittently elevated blood pressure and gastritis visible on gastroscopy, irritability and waking up frequently at night. The vignette noted that the patient was married, had job-related anxiety and stress, but reported normal libido and no previous psychiatric history. Each physician was asked to suggest up to five likely diagnoses for the hypothetical patient.

Chart 3

Physician Response To Hypothetical Patient With Alcohol Abuse Problem

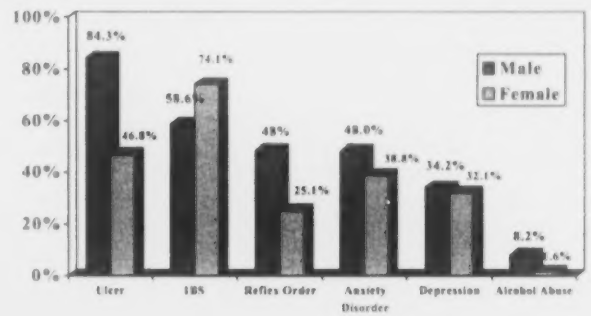


The astonishing news of the survey is that only 6.2 percent of primary care physicians identify substance abuse as one of their five possible diagnoses. (Chart 3) The most common diagnoses offered were: ulcer (84.3 percent for male and 46.8 percent for female patient); irritable bowel syndrome (58.6 percent for male and 74.1 percent for female patient);

GERD or gastro-esophageal reflux disorder (48.3 percent for male and 25.1 percent for female patient); anxiety disorder (48 percent for male and 38.8 percent for female patient); and depression (34.2 percent for male and 32.1 percent for female patient). (Chart 4)

Chart 4

Physician Diagnoses* For Hypothetical Male/Female Patient With Alcohol Abuse Problem



*Each physician provided five diagnoses

When physicians see anxiety and depression and prescribe drugs such as anti-anxiety drugs, sedatives or sedating anti-depressants for a substance abusing patient, they may complicate and exacerbate the addiction.[20]

Female primary care physicians were seven times likelier to identify substance abuse in male patients (27.3 percent) than in female patients (3.8 percent) while male physicians mentioned substance abuse about equally for both male and female patients (seven percent and five percent respectively). While some research shows the rate of heavy drinking to be about two to three times greater among men than women, women's tolerance for alcohol is less and while they may drink less heavily than men, they get intoxicated after drinking roughly half as much as men and suffer more quickly the long-term effects of alcohol. Female alcoholics are up to twice as likely to die as male alcoholics in the same age group.[21]

Chart 5

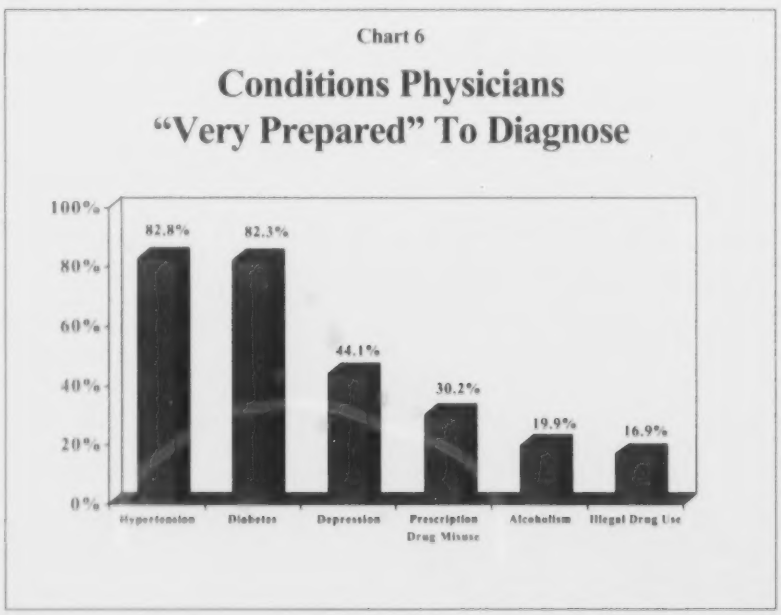
Physicians Most Likely To Diagnose Adult's Substance Abuse

- Family practitioner (11.5 percent)
- Felt most prepared to diagnose substance abuse (8.6 percent)
- Strong believer in effectiveness of treatment for substance abuse (8 percent)
- Received CME training in past five years (7.6 percent)
- Received substance abuse training in medical school (6.7 percent)

Physicians who received substance abuse training in medical school were 3 1/2 times more likely to mention substance abuse as a diagnosis than those with no such training; however, the percent diagnosing substance abuse was still very low (6.7 percent compared with 1.9 percent of physicians with no

substance abuse instruction in medical school). Physicians who had CME training in substance abuse within the past five years were more likely to pick substance abuse as a potential diagnosis (7.6 percent) compared to those who had not had this training in the past five years (4.4 percent) and those who never had it (4.3 percent). However, this training did little to raise the diagnosing capability. Family practitioners were the specialty most likely to mention substance abuse (11.5 percent) and most likely to have received CME training (62.7 percent) in the last five years. (Chart 5)

The vast majority of physicians lack confidence in their ability to diagnosis substance abuse. Less than a third (30.2 percent) feel they are very prepared to identify prescription drug abuse, 19.9 percent feel very prepared to diagnose alcoholism and only 16.9 percent feel very prepared to diagnose illegal drug use. This contrasts dramatically with the level of confidence these same physicians expressed when asked how prepared they felt to diagnosis other chronic conditions: 82.8 percent feel "very prepared" to diagnose hypertension; 82.3 percent, diabetes. (Chart 6)



CASA wanted to know whether physicians could assess accurately their own ability to diagnose substance abuse in a patient. Those who thought they were most prepared to diagnose substance abuse identified the symptoms more frequently than those who thought they were least prepared (8.6 percent compared to 0 percent). Of those who said they were moderately prepared, 5.5 percent mentioned substance abuse as a possible diagnosis. Even those who consider themselves the best prepared could diagnose less than one in 10 times.

Hypothetical 17-year-old patient with classic symptoms of illegal drug use:

- red eyes, runny nose
- frequent sore throat
- headache, chronic fatigue
- loss of appetite, loss of interest in school
- worsening relations with parents

Diagnosing Teen Substance Abuse

Pediatricians were presented with a vignette of a fictional teenager with classic symptoms of drug abuse: red eyes, runny nose, frequent sore throat, headache, chronic fatigue, loss of appetite, loss of interest in school and worsening relations with parents[22]. Half of the pediatricians were presented with the vignette for a female patient and half with a male patient.

A majority (59.2 percent) of pediatricians mentioned substance abuse as a potential diagnosis. Still, 40.8 percent of adolescents with these drug abuse symptoms would not have been diagnosed by their pediatrician. Gender made a difference here as well. For female patients, pediatricians were more likely to diagnose depression (62.9 percent) than illegal drug use (50.6 percent). For male patients, illegal drug use was the most common diagnosis (64.4 percent) compared to depression (52.2 percent). (Chart 7) Because the vignettes of the adult and teens differed, it is not possible to compare performance of pediatricians with other primary care specialties.

Those pediatricians who had both family and close friends or colleagues who experienced substance abuse problems were more likely to choose substance abuse as a diagnosis (71.4 percent). Those who believed strongly in the effectiveness of available treatments for substance abuse (59.6 percent) were twice as likely to pick substance abuse than those who did not believe in its effectiveness (33.3 percent). Those who received medical school training in substance abuse were more likely (66.2 percent) than those

Chart 7

Pediatrician Response To Vignette of Teen With Drug Problem

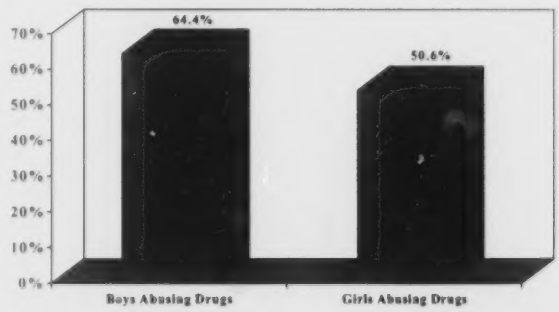
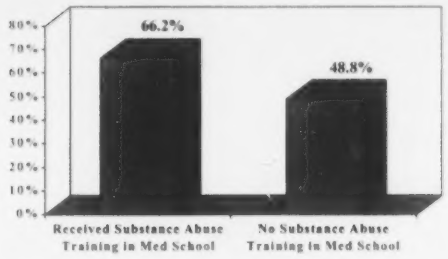


Chart 8
Pediatricians Who Mentioned Substance Abuse As Possible Diagnosis



who never received it (48.8 percent) to identify substance abuse as a possible diagnosis. (Chart 8)

The gender of the physician had an impact as it did with adult patients. Female pediatricians were far more likely to mention substance abuse for male patients (78.3 percent) than for female patients (40.7 percent). Male pediatricians were somewhat more likely to mention substance abuse for female patients (66.7 percent) than for male patients (55.9 percent). (Chart 9)

Patients' Perceptions of Physician Diagnoses

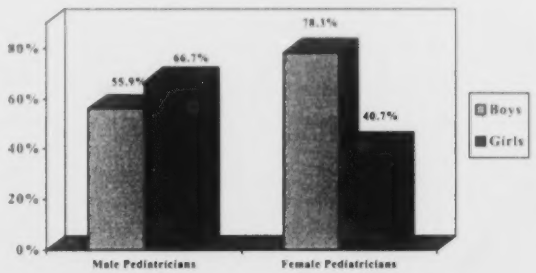
More than half (54.8 percent) of patients currently in treatment for substance abuse agreed that physicians don't know how to detect addictions and end up treating the physical symptoms of addiction rather than the addiction itself. (Chart 10)

A majority of patients (53.7 percent) said their primary care physician did nothing about their substance abuse. Nearly half (43 percent) said their physician never diagnosed their substance abuse and another 10.7 percent believe their physician knew about their condition but failed to offer assistance.

Treatment Needs

Of patients surveyed, 71.9 percent were addicted to both drugs and alcohol. Only 16.7 percent had been addicted to drugs alone and only 11.4 percent only to alcohol. (Chart 11) There were some differences by age. Older patients--adults over 50--were more likely to be involved only with alcohol (47.3 percent) than younger patients (4.1 percent for ages 18-34 and 7.5 percent for ages 35-49).

Chart 9
Pediatricians' Diagnosis of Boy/Girl Drug Problem



*Physician provided five diagnoses

Almost half of older adults (49.1 percent) reported abusing both drugs and alcohol compared to nearly three quarters of the younger patients (78.1 percent of 18 to 34 year olds and 73.4 percent of 35 to 49 year olds). While differences by racial/ethnic group were also significant, the pattern is harder to discern. Fewer white patients reported having abused only drugs (8.5 percent) compared to African-American (25.3 percent) and other racial/ethnic groups (24.4 percent). Women, older patients, inpatients and those with insurance were the most likely to report being helped with their substance abuse problem by their primary care physician.

Chart 10

Physicians Do Not Know How To Detect Addiction; Just Treat Symptoms of Addiction

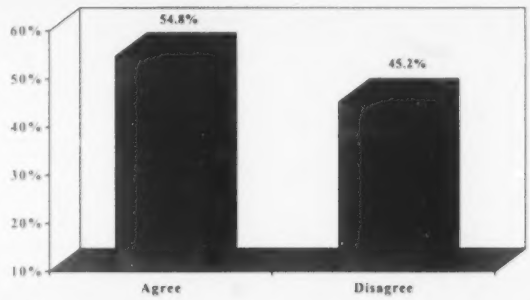
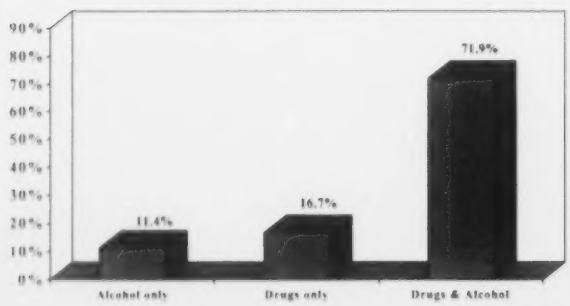


Chart 11

Patients Addicted To:



Few Physicians Immediately Refer Patients for Substance Abuse Treatment

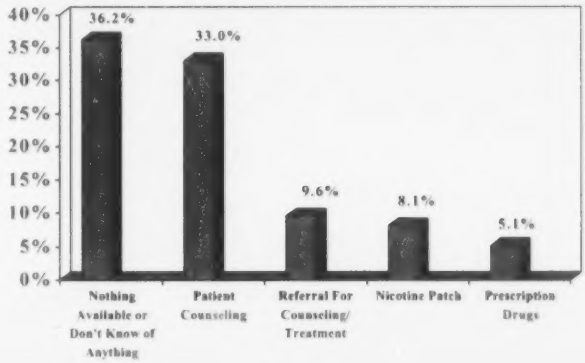
Counseling Patients

Primary care doctors are far more likely to counsel patients with alcohol or drug problems than refer them for counseling or treatment. About two-thirds of primary care physicians (63.2 percent) say their first choice of action is to counsel their patients who have alcohol abuse problems; more than half (57.1 percent) counsel patients with drug problems. About one quarter of physicians (26.4 percent) say that counseling patients about their tobacco addiction is the most effective course of action.

For patients under age 18 with alcohol or drug problems, physicians were most likely to counsel them to quit (45.6 percent for alcohol and 47.2 percent for drugs). To help patients under age 18 quit smoking, primary care physicians first preferred counseling (33 percent). (Chart 12) Significantly, 36.2 percent indicated they had found none of the available treatments or interventions for smoking to be effective for adolescents.

Chart 12

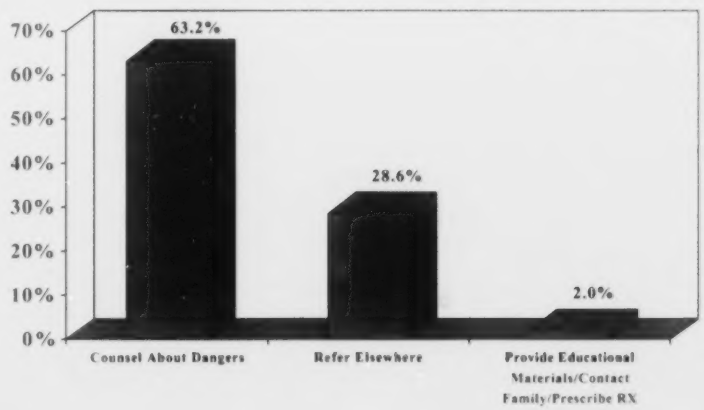
Most Effective In Getting Adolescent Patients To Quit Smoking



Pediatricians are much more sanguine about their ability to counsel patients with tobacco-related problems. Four out of five pediatricians (79.4 percent) indicated their first response to a patient with a tobacco-related problem would be to counsel them about the dangers of smoking and encourage them to stop.

Chart 13

What Physicians Do When Adult Patient Is Abusing Alcohol



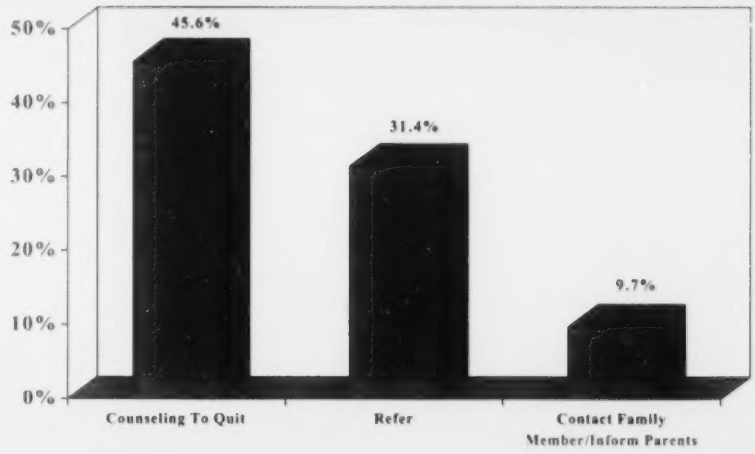
Treatment Referral

When physicians diagnose an alcohol problem, only 28.6 percent say their first response is to refer their patients elsewhere for treatment. (Chart 13) Those who do refer make referrals to a substance abuse counselor (22.4

percent), another physician or psychiatrist (21.6 percent), a self-help group (18.6 percent), counselors or psychologists (16.6 percent), outpatient services (13.8 percent), and inpatient services (4.8 percent).

Chart 14

What Physicians Do When Adolescent Patient Is Abusing Alcohol



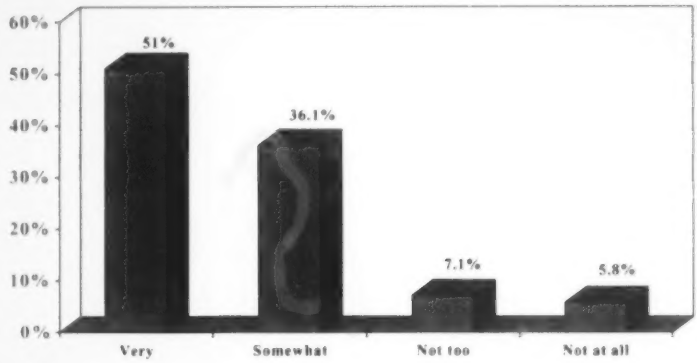
For patients with drug abuse problems, 31.9 indicate that their first response is to refer them elsewhere. When such a patient is referred, most often it is to substance abuse counselors (28.4 percent), other physicians or a psychiatrist (24.4 percent) or outpatient services (17.3 percent). Only 5.8 percent say they refer to inpatient services and 3.8 percent to self-help groups. Most physicians who referred (78.2 percent) were satisfied with the treatment their substance-abusing patients received.

For patients under age 18, 31.4 percent of physicians would refer them elsewhere for treatment for an alcohol or drug problem; most to a counselor or psychologist and next to a substance abuse counselor. About 10 percent said they would contact a family member if the teen had an alcohol (or drug) problem. (Chart 14)

About one in ten physicians (9.6 percent) indicated that refering adult patients for treatment or counseling to quit smoking or other tobacco use is the most effective course of action. For patients under age 18, only 9.6 percent of primary care physicians said that the most effective strategy would be to refer a patient for counseling or treatment for smoking. Only 8.8 percent of pediatricians would refer their patients who smoke for treatment or counseling. Of the small number of physicians who would refer their patients, 50 percent preferred a smoking cessation program to referral to another physician or psychiatrist (25 percent).

Chart 15

Patient Satisfaction With Primary Care Physician's Advice, Referrals and/or Treatment



Patients' Satisfaction with Referral

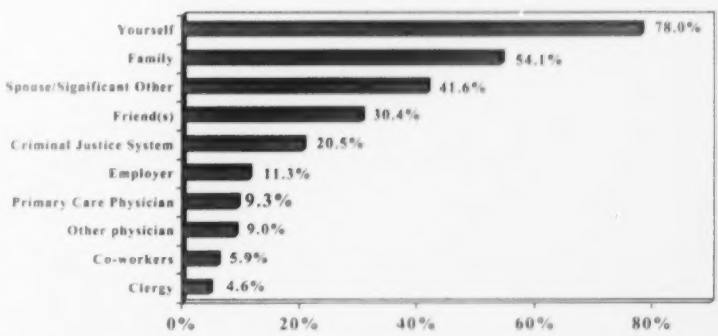
Of those patients who saw a primary care physician while they were abusing alcohol or drugs, 46.3 percent reported that the physician at some point offered referral or treatment for their addiction problems. Most patients (87.1 percent) were satisfied with the advice, referral or treatment they received from their physicians. (Chart 15) Most of these patients believe their physician was qualified to help them (38.7 percent said "very qualified" and 38.2 percent said "somewhat qualified") and very concerned with their well being (61 percent). Seventy percent of patients who were referred felt their physician did everything that he or she could to help them overcome their substance abuse or addiction and 73.3 percent said they never felt "put down" by the primary care physician because of their addiction.

Patients' Treatment is Delayed

The combination of low rates of diagnosis of a substance abuse problem and delayed referral means that a typical patient in the CASA survey had a substance abuse problem for ten years before receiving treatment. When asked who was most involved in the patient's decision to seek treatment, only 9.3 percent surveyed cited their primary

Chart 16

Individuals/Groups Who Were Involved A Lot in Patient's Decision To Seek Treatment



care physician. (Chart 16) Nearly 75 percent said their physician was not involved in their deciding to seek treatment and 16.7 percent said the physician was involved a little.

The Use of Pharmaceuticals

A majority of patients (54.5 percent) said that physicians end up prescribing drugs that may be dangerous to them. Thirty (29.5) percent of patients say their physician knew about their addiction and still prescribed psychoactive drugs, such as sedatives or Valium. On the other hand, two-thirds of physicians (67.2 percent) indicated that they withheld prescribing analgesics to some patients over the past 12 months out of concern they might become addicted to them.

> *The ignorance of most physicians of even the basic pharmacology of mood-altering drugs remains nothing short of remarkable.*
>
> -- Barry Stimmel, M.D.
> Dean for Academic Affairs at the Mt. Sinai School of Medicine, in a paper published in a 1995 report for the Josiah Macy, Jr. Foundation.

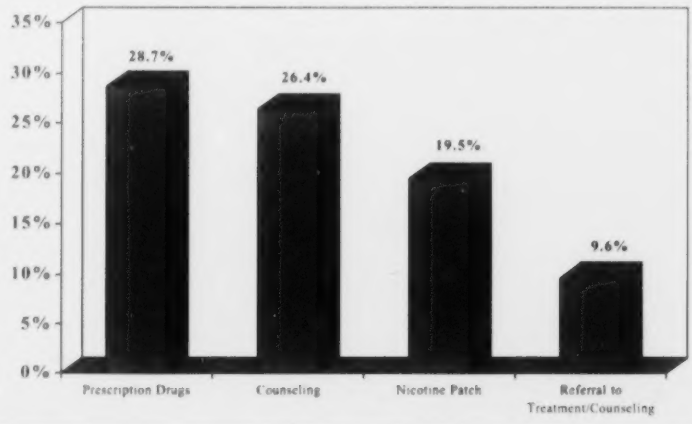
For adult patients with tobacco-related problems, 28.7 percent of physicians indicated that they would prescribe medications; roughly one in five identified the nicotine patch as the most effective treatment (19.5 percent). For patients under the age of 18 who want to quit smoking, 8.1 percent of primary care physicians indicated that they preferred the patch and 5.1 percent preferred prescription medications. (Chart 17)

Brief Interventions

Brief interventions have been shown to be effective for alcohol and smoking.[23] For the limited number of patients who their physician identified as having a substance abuse problem, two-thirds (66.8 percent) of physicians report using brief interventions for patients with alcohol-related problems and (82.6 percent) with smoking-related problems.

Chart 17

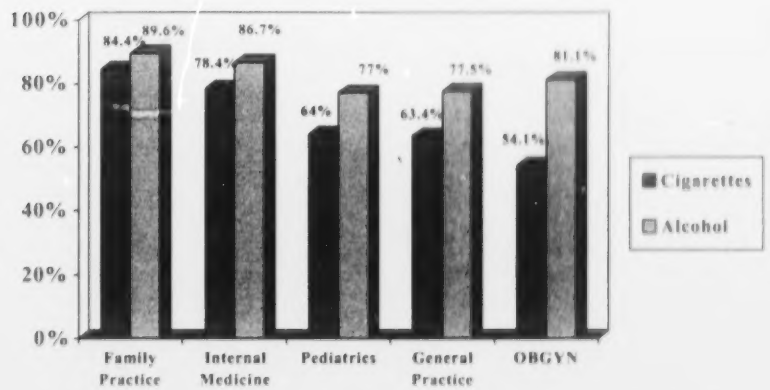
What's Most Effective In Getting Adult Patients to Quit Smoking



(See Chart 18 for breakdown by speciality.) Brief interventions are defined as five to ten minutes of counseling delivered by physicians about drinking levels or tobacco use and associated problems. Physicians who are more likely to employ brief interventions for alcohol-related problems are those who believe available treatment methods are effective (70.8 percent); find it least (36 percent) or moderately (67.8 percent) difficult to discuss substance abuse with their patients; have received CME training within the past five years (74.9 percent); or reported personal experiences with both family and close friends/colleagues that involved substance abuse (74.1 percent).

Chart 18

Physicians Who Use Brief Interventions for Alcohol and Smoking-Related Problems



III. Why Is The Opportunity Lost?

The CASA survey of physicians and patients provides some important clues about why physicians are missing the substantial opportunity to reduce substance abuse and its costs and consequences. Barriers that contribute to primary care physicians missing or misdiagnosing a patient's substance abuse include: lack of adequate training in medical school, residency and CME courses; failure to recognize a cluster of symptoms that may signal substance abuse; skepticism about the effectiveness of treatment; discomfort discussing substance abuse with patients; time constraints; fear of losing patients; and lack of insurance coverage. Patient resistance compounds the problem.

Lack of Adequate Training

The vast majority of physicians (89.7 percent of those who graduated in the past ten years; 79.2 percent who graduated 11 to 20 years ago) say they received some level of substance abuse training in medical school or residency. (Chart 19) Since 1980, many medical schools have introduced at least one hour of substance abuse curricula.[24] A majority (59.5 percent) also said they received substance abuse training as part of a CME program and nearly half (46.9 percent) received this training within the past five years. (Chart 20) The survey did not ask the physicians about the nature of their substance abuse training. However, CASA's 1996 survey of primary care physicians revealed that 67 percent of primary care physicians said the most recent training they received in substance abuse took no more than a day[25].

Chart 19

Physicians Who Received Substance Abuse Training in Medical School

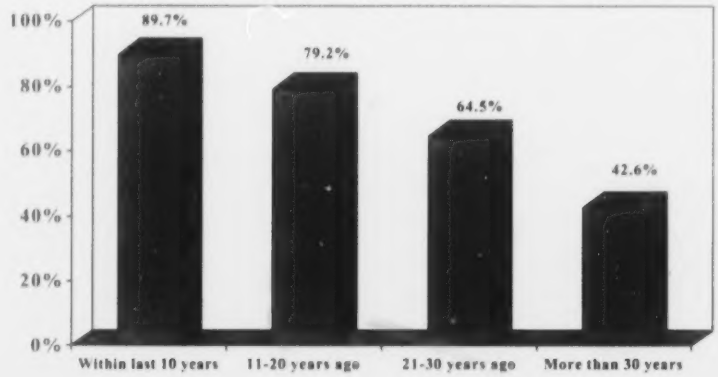
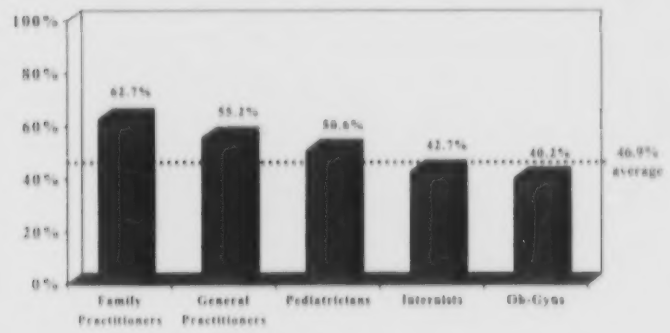


Chart 20

Received Continuing Medical Education (CME) Training in Substance Abuse Within Last 5 Years



The most recent study of substance abuse in medical education defined a curriculum unit as "any formal teaching activity, including a lecture, grand rounds, or a workshop as well as clinical experiences in a treatment program or a detoxification unit." According to this study, a total average for all medical schools was 7.2 curriculum units in substance abuse in 1992. Yet many in primary care received far less than that. Family medicine had on average three curriculum units; pediatrics had 3.5; internal medicine had 3.9 units. For OB-GYN, 45 percent of schools had at least one unit but there was no indication of an average number of curriculum units in substance abuse.[26] (Chart 21)

While most physicians report having received some level of substance abuse training in medical school or through CME courses, they are still missing the substance abuse diagnoses. This is in spite of the fact that most physicians (55.2 percent) said they incorporated this training to some extent in their daily practice and 37.4 percent said they incorporate it to a great extent. Two-thirds (67.8 percent) of physicians say they would like more CME training in substance abuse.

Chart 21

Medical Education

Curriculum Units in Substance Abuse--1992

	At least one unit (%)	Average Curriculum Units
Psychiatry	95	4.3
Family medicine	87	3.0
Pediatrics	59	3.5
Internal medicine	47	3.9
Obstetrics/gynecology	45	NA
All medical schools	93	7.2

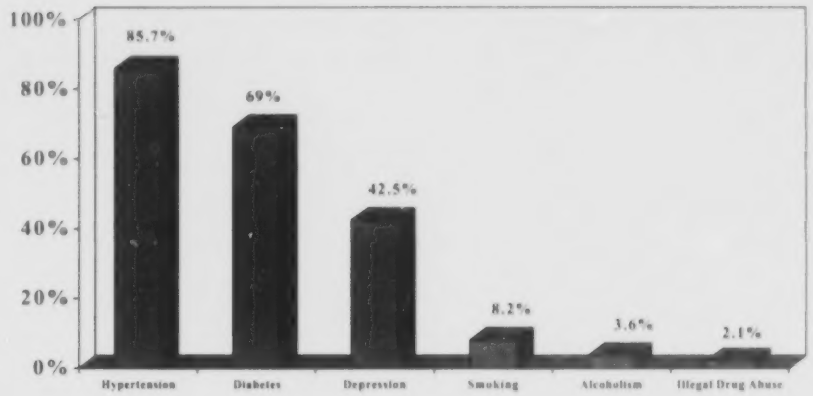
Source: Fleming, M., Barry, K., Davis, A. (1994). Medical education about substance abuse: Changes in curriculum and faculty between 1976 and 1992. *Acad Med* 69: 362-369.

Failure to Identify Cluster of Symptoms

As CASA discovered in a 1996 survey of physicians conducted for its report *Substance Abuse and the Mature Woman*, most physicians focus on individual symptoms that point to common conditions such as gastro-intestinal problems or anxiety (in 1996, depression was frequently mentioned), rather than considering the symptoms together and recognizing that the combination indicates the possibility of substance abuse. Physicians may tend to diagnose illnesses they expect to see and feel confident they know how to treat.[27]

Chart 22

Conditions For Which Physicians Consider Treatment "Very Effective"

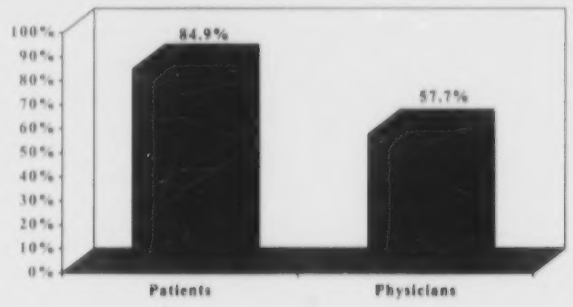


Skeptical About Treatment

Only 3.6 percent of physicians say treatments for alcoholism are very effective. Only 2.1 percent believe that treatments for illegal drug abuse are very effective. By contrast, primary care physicians have tremendous confidence in treatments for hypertension (85.7 percent) and diabetes (69 percent). Even 42.5

Chart 23

Patients and Physicians Agree That Patients Lie About Addiction

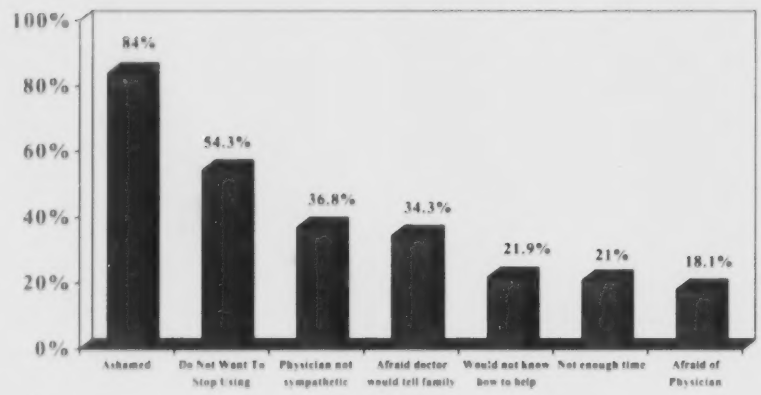


percent say treatment for depression is very effective. Physicians have more confidence in treatments to help adult patients quit smoking (8.2 percent) but far fewer (2.8 percent) believe that treatments to assist adolescents in quitting smoking are very effective. (Chart 22)

Patient Resistance

Almost 58 percent (57.7 percent) of physicians say they don't discuss their patients addictions because they believe that patients lie to them about it. A vast majority of patients (84.9 percent) admit lying to their physicians. (Chart 23) When asked why they don't discuss substance abuse with their physicians, patients say that a major obstacle to getting help is of their own making. Besides admitting they lie to their physicians about their substance abuse problems, 84 percent won't discuss their substance abuse because they are ashamed, 54.3 percent because they don't want to stop using drugs and 34.3 percent for fear their physician will tell their families. Only a little more than one-third (36.8 percent) blamed their physician saying he or she was not sympathetic. (Chart 24)

Chart 24



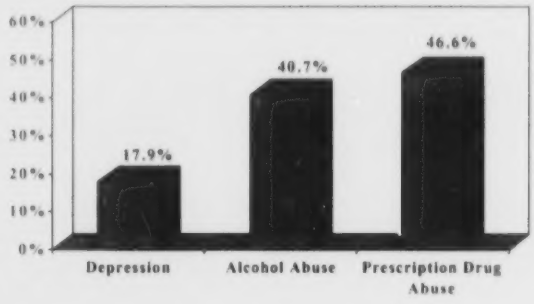
Lying to physicians is not restricted to the problem of substance abuse. Patients frequently lie about eating habits, sexual practices and medical compliance. This does not necessarily mean that physicians do not discuss these issues with patients.

Discomfort Discussing Substance Abuse with Patients

Forty-one (40.7) percent of physicians find it difficult to discuss alcohol abuse with their patients; 46.6 percent find it difficult to discuss prescription drug abuse. By contrast, less than one in five primary care physicians feel difficulty discussing depression (17.9 percent). (Chart 25) Over half of patients (54.4 percent) surveyed said that they, not their physician, had initiated discussion of their substance abuse/addiction.

Chart 25

Many Physicians Have Difficulty Discussing Substance Abuse With Patients



Doctors are uncomfortable discussing substance abuse with patients for a variety of reasons including fear of alienating or loosing the patient. Some do not want to question a patient's integrity (29.5 percent) or do not want to frighten or anger a patient (25 percent). Others think that raising the issue will encourage a patient to seek another doctor (11 percent).

Chart 26

Why Physicians Do <u>Not</u> Discuss Alcohol or Drug Abuse With Patients

- 57.7%: Patients often lie
- 35.1%: Time constraints
- 29.5%: May question patients' integrity
- 25%: Don't want to frighten/anger patient
- 15.7%: Uncertainty about treatments
- 12.6%: Personally uncomfortable with subject
- 11%: May encourage patient to see other MD
- 10.6%: Insurance doesn't reimburse physician's time

Physicians with personal experiences with substance abuse--both friends and family members--were more likely to screen for substance abuse, to have identified substance abuse as a potential diagnosis and to employ brief interventions. This personal experience may make a physician more sensitive to a substance-abusing patient and more likely to confront the problem.

Time Constraints

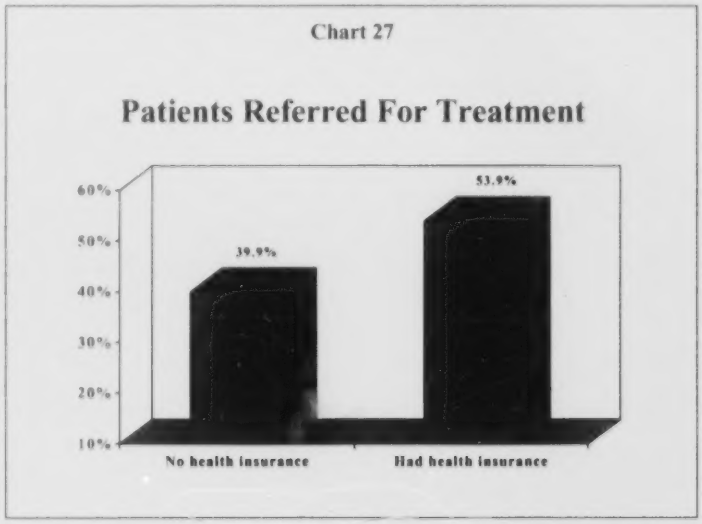
One-third of physicians (35.1 percent) cite time constraints as reasons for not discussing substance abuse with their patients. (Chart 26) Thirty-five (35.3) percent of patients thought their physician was too busy to detect their addiction.

Screening and counseling a patient takes time and physicians estimate they spend an average of 11.7 minutes per patient visit just talking with the typical patient (and the parents of adolescent patients) in addition to time spent examining them. Many primary care physicians are overwhelmed by the growing responsibilities and time demands of being a gatekeeper for a patient's health care needs.[28] Managed care is imposing ever more severe time constraints on primary care physicians. This pressure to save time and minimize unreimbursed costs deters physicians from paying anything but the briefest attention to the problem--and only when it has reached its more severe, costly and obvious stages.[29]

Lack of Insurance Coverage

Eleven (10.6) percent of physicians indicated that they do not talk to patients about substance abuse because they are not always reimbursed for the extra time spent dealing with substance abuse problems. Physicians surveyed also said that nearly one in five patients (17.6 percent) referred for treatment had been denied it by insurance companies. Patients were more likely to be referred to treatment if they have insurance (53.9 percent) compared with those without insurance (39.9 percent). (Chart 27)

Chart 27



According to a 1999 report of health care benefits provided employees in a typical medium to large U.S. company by HayGroup, addiction treatment benefits decreased by 74.5 percent from 1988 to 1998. As a proportion of the total health benefits, addiction treatment benefits decreased from 0.7 percent in 1988 to 0.2 percent in 1998.[30] Lack of insurance may discourage physicians from discussing substance abuse with patients and referring them for treatment.

The Stacked Deck

Time constraints, lack of insurance coverage and fear of losing patients all may translate into the specter of lost revenues for physicians if they take the time to address the problem. The combination of physicians who don't believe substance abuse treatment works, severe time constraints placed on them by managed care, the failure of insurance companies to adequately cover substance abuse counseling and treatment and patients' resistance all stack the deck against physicians diagnosis of substance abuse and addiction.

IV. Taking Advantage

To take advantage of the opportunity facing primary care physicians to reduce the costs and consequences of substance abuse and addiction in America, CASA recommends that:

- **Medical schools and residency and continuing medical education (CME) programs step up training in substance abuse.** Training for primary care physicians should include effective methods of substance abuse diagnosis and treatment beginning in medical school and continuing through residency and CME programs. Training should include all types of drugs--tobacco, alcohol and licit and illicit drugs--and include techniques for recognizing the signs and symptoms of substance abuse including gender differences in symptoms and tolerance levels, ways to break through patient resistance and knowledge about treatment.

- **Licensing boards and residency review committees of the primary care specialties require substantial training for primary care physicians in knowledge, attitudes and skills related to substance abuse and addiction.** Questions about substance abuse should be on every exam for licensing physicians.

- **Medicare, Medicaid, private insurers and managed care expand coverage for a range of substance abuse treatment services.** In order to assist physicians in addressing the substance abuse problems of their patients, a broad range of effective treatment services must be available, tailored to individual needs and covered under health insurance plans.

- **Medicare, Medicaid, private insurers and managed care organizations pay physicians to talk to patients about substance abuse.** Without institutional support to address the lack of time and money to compensate physicians for their efforts, physician training alone will be insufficient.

- **Primary care physicians screen their patients for substance abuse and learn to recognize the cluster of symptoms that may signal abuse.**

Physicians should ask about substance abuse--including the quantity and frequency of use--on health history forms at least once a year, regularly use screening instruments to determine whether a patient has a substance abuse problem and test for drugs when appropriate. Rather than diagnosing individual symptoms of disorders, primary care physicians should look for clusters of symptoms that provide clues to substance abuse and addiction.

- **Primary care physicians be held liable for negligent failure to diagnose substance abuse and addiction.** While it may not be a simple matter to diagnose substance abuse and addiction, screening and diagnostic tools and protocols are available to help make the diagnosis. Physicians should be held accountable for using these tools and protocols, for screening and for testing where indicated, just as they are held liable for not diagnosing cancers and other health conditions and conducting appropriate tests to detect such conditions.

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Appendix A

Methodology

The physicians and patient survey was conducted between April and August of 1999. To inform the survey, focus groups were conducted with primary care physicians, patients currently receiving substance abuse treatment and primary care support staff in the Chicago area. Key informant interviews also were conducted with physicians who had expertise in substance abuse. Pretesting of the instrument and eligibility scree..ing took place between August 1998 and March 1999. This study was approved by the Institutional Review Boards (IRBs) at both CASA and the University of Illinois at Chicago.

Physician Survey

The initial survey design anticipated 750 completed interviews divided equally among the five primary care specialties as defined by the American Medical Association: internal medicine, general practice, family practice, obstetrics/gynecology and pediatrics. The sample was purchased from Medical Marketing Services and included randomly selected physicians. It included office-based MDs and DOs (Doctor of Osteopathic Medicine) practicing in the United States but excluded federal physicians and those practicing in territories of the United States.

The sample was screened between October 1998 and April 1999. The screening was necessary to verify that the physicians were in one of the five specialties and saw patients at least ten percent of the time. Of the 3,936 cases set up, only 2,913 were eligible to participate. Cases were set up for interviewing in replicates of 300 between March 31, 1999 and June 13, 1999. In order to obtain an adequate sample size, an additional 894 cases were set up for screening/interviewing in July and August 1999.

In an effort to achieve the highest response rate possible, physicians were asked to identify a charitable organization to which $10 would be donated on their behalf. Each physician also received an advance letter from the Survey Research Laboratory (SRL) that included a letter endorsing the survey from one appropriate medical specialty organization: the American Medical Association, The American Academy of Family Physicians, the American Society of Internal Medicine, The American College of Obstetricians and Gynecologists or The American Academy of Pediatrics.

The response rate--the proportion of eligible respondents who completed the interview--was 18.3 percent. This response rate reflects the practical difficulties of conducting personal interviews with busy

primary care physicians who see an average of 24 patients per day.* To assure that the survey results were nationally representative, data from the physician survey were weighted to the proportionate distribution of primary care physicians by specialty in the United States.

Patient Survey

Patients were surveyed at ten facilities in four states (California, Illinois, Minnesota and New York). The surveys included patients who lived in 29 states and five foreign countries. The survey of current patients receiving inpatient or outpatient treatment for a substance abuse addiction was conducted using convenience sampling methods. Although the results are not nationally representative, they provide useful insights regarding the experiences of these patients and their interactions with primary care physicians.

SRL staff visited most of the treatment facilities to explain the study to patients and request their participation. At most sites, the researcher was introduced to a group of patients who were gathered for a lecture or group session. After briefly explaining the purpose of the study, patients were asked to participate by filling out the paper and pencil survey. The researcher emphasized that participation was voluntary and confidential. Those who chose to fill out surveys received $10 in cash once surveys were completed. Completion of the surveys took approximately 15 minutes, and the response rate was 88.24 percent.**

Analysis

A comparison of the weighted survey data with known statistics for the total population of primary care physicians in the United States is presented in Table 1. Only non-federal physicians were interviewed. As Table 1 indicates, our sample somewhat under-represented female physicians. They constituted 24.4 percent of the final weighted survey sample, but actually represent 30.2 percent of all non-federal primary care physicians in the U.S. according to the most recent estimates published by the American Medical Association. The AMA statistics also suggest that physicians practicing in metropolitan (or in urban/suburban) locations were under-represented in the survey sample (70.1 percent in the sample vs. 74.6 percent according to AMA estimates). In evaluating this difference, it is important

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* Estimate based on survey findings of 96.1 patients seen per week in the office-based practice of the typical survey respondent and assuming four working days per week.

** In this survey, the response rate represents the total number of completed surveys divided by the total number of patients who were eligible to participate. The refusal rate, on the other hand, is the ratio of refusals to eligible cases, and the cooperation rate is the ratio of completed interviews to the sum of completed interviews and refusals.

to note that physician's self-reported status as practicing in an urban or suburban area may not be precisely equated with the definition of "metropolitan" employed by the AMA.

Table 1 also compares the distribution of our sample across Census regions with the known geographic distribution of all primary care physicians. This information was not available for non-federal physicians only. Nonetheless, the geographic composition of our sample was fairly representative of the known distribution of primary care physicians in the U.S. Our sample is less consistent, however, with the estimated age composition of primary care physicians, as measured by length of time since graduation from medical school. Although it is important to note that the comparison being made is between a survey sample of non-federal physicians and the estimated proportions of federal and non-federal physicians, Table 1 nonetheless suggests that the survey sample under-represents younger physicians.

Table 1. Comparison of physician sample to the American Medical Association's distribution statistics

Characteristics	AMA[+]	Our Sample[*]
Female	30.2%[a]	24.4%
Metropolitan[c]	74.6%[a]	70.1%
Region		
Northeast	20.9%[b]	23.5%
Midwest	22.4%[b]	24.9%
South	33.8%[b]	31.9%
West	22.9%[b]	19.7%
Med School Graduation		
Within last 10 years	27.4%[b]	13.0%
11-20 years ago	29.6%[b]	33.6%
21-30 years ago	21.1%[b]	26.0%
More than 30 years ago	21.9%[b]	27.4%

[a] Non-Federal Physicians 1998

[b] Total Physicians (Federal and Non-Federal) 1998

[c] Contains AMA's "Metropolitan" category and our "Urban" and "Suburban" categories

[+] Pasko, T., Seidman, B., & Birkhead, S. (2000). *Physician Characteristics and Distribution in the US.* American Medical Association, Chicago, IL.

[*] Sample weighted for physician specialty. Sample contains nonfederal physicians only.

Comparison of our patient sample with known estimates of racial distribution in publicly funded substance abuse treatment programs are presented in Table 2. These comparisons suggest that our sample over-represented female and African-American patients. In evaluating these differences, it is important to note that some of the treatment programs included in the patient survey were not publicly funded.

Table 2. Comparison of patient sample to the Substance Abuse and Mental Health Services Administration (SAMHSA) distribution statistics

Characteristics	SAMHSA*	Our Sample*
Female	30.0%	43.8%
Race		
White	56.0%	49.5%
African-American	26.0%	41.1%
Other	10.5%	9.4%

* Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies. Retrieved October 19, 1999 from the World Wide Web: http://www.samhsa.gov/oas/oasftp.htm.

* Our patient survey sample was a convenience sample from 10 inpatient and outpatient treatment facilities in four states.

Appendix B

The tables in this Appendix provide further detail for material presented in the text. The tables appear in the same order as they are discussed in Chapters II and III. Questions in the tables are referenced to questions in the survey instrument by the notation (Q) followed by the relevant question number from Appendix C.

(Tables related to Chapter II)

Table 1 Indicators used to identify physicians who are "careful screeners"

(1). Screening via discussions with patients	**Physicians (%)**	
"During the past 12 months, with how many of your patients whom you know or suspect have a problem with **alcohol abuse** have you raised that topic?" [percent reporting "almost all"]	65.6	**(Q20a)**
"During the past 12 months, with how many of your patients whom you know or suspect have a problem with **drug abuse** have you raised that topic?" [percent reporting "almost all"]	69.8	**(Q20b)**
(2). Screening via annual health history forms		
"How often do your patients complete a health history form?" [percent reporting at least once a year]	53.4	**(Q7a)**
Of physicians completing health history forms at least annually: "Do you ask about **quantity and frequency** of alcohol use?" [percent responding "yes]	45.3	**(Q7b)**
"Do you ask about **use of psychoactive medications**?" [percent responding "yes"]	41.1	**(Q7c)**
"Do you ask about **tobacco use**?" [percent responding "yes"]	49.4	**(Q7e)**
"Do you ask about **illegal drug use or addiction**?" [percent responding "yes"]	40.5	**(Q7f)**
(3). Screening via standardized instruments		
"Do you **ever** administer any alcohol or drug use screening instruments to the patients in your practice?" [percent responding "yes"]	31.8	**(Q8a)**
(4). Screening of pregnant patients		
"With how many of your **pregnant patients** do you discuss **alcohol use**?" [percent reporting "almost all"]	78.4	**(Q6b)**
"With how many of your **pregnant patients** do you discuss **tobacco use**?" [percent reporting "almost all"]	87.3	**(Q6c)**
"With how many of your **pregnant patients** do you discuss **drug use, including illegal, over-the-counter, and prescription drugs**?" [percent reporting "almost all"]	78.5%	**(Q6d)**

Table 2 Characteristics of primary care physicians classified as "careful screeners" for substance abuse (Q6-8, Q20)

Characteristics	(N)	"Careful" Screeners (%)	Not "Careful" Screeners (%)
Total Sample	(648)	32.1	67.9
Physician Specialty**			
Internal medicine	(120)	24.8	75.2
General practice	(91)	22.5	77.5
Family practice	(136)	34.0	66.0
OB/GYN	(122)	40.2	59.8
Pediatrics	(179)	26.1	73.9
Medical School Graduation			
Within last 10 years	(81)	39.3	60.7
11B20 years ago	(209)	36.1	63.9
21B30 years ago	(178)	27.7	72.3
More than 30 years ago	(179)	28.0	72.0
Physician Gender**			
Male	(483)	29.4	70.6
Female	(165)	40.4	59.6
Belief in effectiveness of available methods for treating substance abuse*			
High Believer	(189)	34.5	65.5
Medium Believer	(378)	35.0	65.0
Low Believer	(50)	23.4	75.6
How prepared to diagnose patients with substance abuse**			
Most Prepared	(249)	39.8	60.2
Moderately Prepared	(312)	29.2	70.8
Least Prepared	(78)	21.1	78.9
Difficulty discussing substance abuse with patients***			
Find it most difficult	(210)	21.4	78.6
Find it moderately difficult	(280)	33.3	66.7
Find it least difficult	(153)	43.8	56.2

(Table 2, *continued*)

Characteristics	(N)	"Careful" Screeners	Not "Careful" Screeners
Practice Type			
Solo private practice	(206)	27.2	72.8
Two-physician practice	(63)	27.0	73.0
Group practice	(365)	36.1	63.9
Practice Location			
Urban area	(200)	32.6	67.4
Suburban area	(241)	32.9	67.1
Small town	(130)	29.8	70.2
Rural area	(68)	35.1	64.9
Patients in managed care plans			
0B33 percent	(272)	30.4	69.6
34B66 percent	(203)	31.1	68.9
67B100 percent	(159)	38.3	61.7
Patients in Medicaid plans			
0B9 percent	(291)	33.0	67.0
10 or more percent	(339)	31.8	68.2
Medical school instruction regarding substance abuse			
Yes	(430)	34.0	66.0
No	(206)	28.4	71.6
CME training regarding substance abuse**			
Yes—within past 5 years	(319)	38.2	61.8
Yes—but not within past 5 years	(81)	29.5	70.5
No—never received	(234)	26.7	73.3

(Table 2, *continued*)

Characteristics	(N)	"Careful" Screeners (%)	Not "Careful" Screeners (%)
Physician smoking status			
Current smoker	(14)	28.6	71.4
Former smoker	(144)	30.3	69.7
Never smoked	(490)	32.7	67.3
Physician drinking status			
Currently drinks alcohol on a regular basis	(124)	29.9	70.1
Previously drank alcohol on a regular basis	(51)	27.8	72.2
Has never drank alcohol on a regular basis	(463)	33.5	66.5
Personal experience with someone involved in substance abuse*			
No	(163)	24.7	75.3
With either family or friends	(218)	31.4	68.6
With both family and friends	(263)	36.9	63.1

* $p < .05$, ** $p < .01$, *** $p < .001$

Note: "Careful screeners" are defined as those physicians who report at least three of the four following activities: (1) they claim to "almost always" ask patients about their substance use when necessary; (2) they claim to administer a health history form to their patients at least annually that contains questions about the use of alcohol, psychoactive medications, illegal drug use, and family history of substance abuse; (3) they report ever administering substance abuse screening instruments to their patients; (4) they report "almost always" discussing tobacco, alcohol, and drug use with pregnant patients.

Table 3 Substance abuse diagnoses in adult vignette

"Next, based on your experience, I'd like to ask you to suggest up to five likely diagnoses that come to mind for the following hypothetical patient. The patient is a married, 38-year-old [male/female] with recurrent abdominal pains. [He/She] has intermittently elevated blood pressure, and gastritis visible on gastroscopy, as well as waking up frequently at night and irritability. [He/She] also reports normal libido, and no previous psychiatric history. Based on this information alone, what are the top five diagnoses that come to mind?" (Q1)

Characteristics	(N)	Mentioned Substance Abuse (%)	Did Not Mention Substance Abuse (%)
Total Sample	(462)	6.2	93.8
Gender of Vignette*			
Male	(170)	10.2	89.8
Female	(292)	4.7	95.3
Physician Specialty			
Internal medicine	(119)	6.8	93.2
General practice	(90)	2.5	97.5
Family practice	(135)	11.5	88.5
OB/GYN	(118)	4.3	95.7
Medical School Graduation			
Within last 10 years	(51)	9.4	90.6
11B20 years ago	(157)	6.8	93.2
21B30 years ago	(122)	4.6	95.4
More than 30 years ago	(132)	4.8	95.2
Physician Gender			
Male	(378)	5.5	94.5
Female	(84)	9.0	91.0
Belief in effectiveness of available methods for treating substance abuse			
High Believer	(115)	8.3	91.7
Medium Believer	(277)	5.6	94.4
Low Believer	(40)	4.7	95.3
How prepared to diagnose patients with substance abuse*			
Most Prepared	(208)	8.6	91.4
Moderately Prepared	(201)	6.5	93.5
Least Prepared	(46)	2.0	98.0
Difficulty discussing substance abuse with patients			
Find it most difficult	(137)	5.2	94.8
Find it moderately difficult	(212)	6.1	93.9
Find it least difficult	(110)	6.9	93.1

(Table 3, *continued*)

Characteristics	(N)	Mentioned Substance Abuse (%)	Did Not Mention Substance Abuse (%)
Practice Type			
Solo private practice	(162)	5.5	94.5
Two-physician practice	(49)	7.4	92.6
Group practice	(243)	6.6	93.4
Practice Location			
Urban area	(156)	7.4	92.6
Suburban area	(146)	5.0	95.0
Small town	(101)	5.4	94.6
Rural area	(52)	2.2	97.8
Patients in managed care plans			
0B33 percent	(208)	5.6	94.4
34B66 percent	(151)	6.3	93.7
67B100 percent	(95)	7.6	92.4
Patients in Medicaid plans			
0B9 percent	(219)	5.5	94.5
10 or more percent	(232)	7.1	92.9
Medical school instruction regarding substance abuse*			
Yes	(315)	6.7	93.3
No	(137)	1.9	98.1
CME training regarding substance abuse			
Yes-within past 5 years	(229)	7.6	92.4
Yes-but not within past 5 years	(60)	4.4	95.6
No-never received	(164)	4.3	95.7
Physician smoking status			
Current smoker	(13)	0.0	100.0
Former smoker	(109)	4.2	95.8
Never smoked	(340)	6.8	93.2
Physician drinking status			
Currently drinks alcohol on a regular basis	(87)	5.0	95.0
Previously drank alcohol on a regular basis	(40)	2.1	97.9
Has never drank alcohol on a regular basis	(326)	6.7	93.3
Personal experience with someone involved in substance abuse			
No	(107)	4.2	95.8
With either family or friends	(158)	7.7	92.3
With both family and friends	(194)	6.1	93.9

* $p < .05$.

Table 4 Perceived preparedness to diagnose/identify various conditions

"How prepared do you feel you are to [diagnose/identify] patients with _____? Would you say you are very prepared, somewhat prepared, not too prepared, or not at all prepared?" (Q2a-f)

	Very Prepared (%)	Somewhat Prepared (%)	Not too Prepared (%)	Not at all Prepared (%)	N
Hypertension	82.8	15.6	1.3	0.3	(648)
Diabetes	82.3	17.2	0.4	0.1	(647)
Depression	44.1	51.6	3.9	0.4	(645)
Misuse of prescription drugs	30.2	57.2	12.0	0.6	(644)
Alcoholism	19.9	61.8	17.7	0.6	(645)
Illegal drugs	16.9	58.2	24.7	0.3	(643)

Table 5 Substance abuse in adolescent vignette

"Next, based on your experience, I'd like to ask you to suggest up to five likely diagnoses that come to mind for the following hypothetical patient. The patient, a 17-year-old [male/female], presents with red eyes, runny nose, and complaints of a frequent sore throat, headaches, and chronic fatigue. [He/She] admits to a loss of appetite, a loss of interest in school, and worsening relations with [his/her] mother and father. Based on this information alone, what are the top five diagnoses that come to mind?" (Q1)

Characteristics	(N)	Mentioned Substance Abuse (%)	Did Not Mention Substance Abuse (%)
Total Sample	(179)	59.2	40.8
Gender of Vignette			
Male	(90)	63.8	36.2
Female	(89)	54.4	45.6
Medical School Graduation			
Within last 10 years	(30)	63.2	36.8
11B20 years ago	(48)	64.5	35.5
21B30 years ago	(55)	57.1	42.9
More than 30 years ago	(46)	53.3	46.7
Physician Gender			
Male	(101)	60.0	40.0
Female	(78)	58.0	42.0
Belief in effectiveness of available methods for treating substance abuse			
High Believer	(73)	59.6	40.4
Medium Believer	(96)	60.7	39.3
Low Believer	(9)	33.3	66.7
How prepared to diagnose patients with substance abuse			
Most Prepared	(38)	62.5	37.5
Moderately Prepared	(108)	67.4	32.6
Least Prepared	(31)	47.7	52.3
Difficulty discussing substance abuse with patients			
Find it most difficult	(72)	54.3	45.7
Find it moderately difficult	(64)	61.0	39.0
Find it least difficult	(41)	65.4	34.6

Table 5, *continued)*

Practice Type			
Solo private practice	(41)	61.5	38.5
Two-physician practice	(13)	75.0	25.0
Group practice	(119)	55.8	44.2
Practice Location			
Urban area	(42)	50.0	50.0
Suburban area	(92)	68.3	31.7
Small town	(28)	44.4	55.6
Rural area	(15)	50.0	50.0
Patients in managed care plans			
0B33 percent	(61)	61.5	38.5
34B66 percent	(52)	70.6	29.4
67B100 percent	(61)	47.5	52.5
Patients in Medicaid			
0B9 percent	(67)	69.8	30.2
10 or more percent	(106)	54.4	45.6
Medical school instruction regarding substance use			
Yes	(110)	66.2	33.8
No	(67)	48.8	51.2
CME training regarding substance abuse			
Yes—within past 5 years	(66)	59.6	40.4
Yes—but not within past 5 years	(20)	71.4	28.6
No—never received	(88)	57.1	42.9
Physician smoking status			
Current smoker	(1)	0.0	100.0
Former smoker	(34)	63.6	36.4
Never smoked	(144)	58.1	41.9
Physician drinking status			
Currently drinks alcohol on a regular basis	(34)	63.6	36.4
Previously drank alcohol on a regular basis	(11)	62.5	37.5
Has never drank alcohol on a regular basis	(133)	58.1	41.9
Personal experience with someone involved in substance abuse*			
No	(54)	51.4	48.6
With either family or friends	(59)	52.6	47.4
With both family and friends	(66)	71.4	28.6

* $p < .05$

Table 6 Substance(s) respondent has ever been addicted to or abused (Patient Survey, Q1a-p)

Characteristics	(N)	Alcohol Only (%)	Drugs Only (%)	Drugs & Alcohol (%)
Total Sample	(498)	11.4	16.7	71.9
Gender*				
Male	(272)	8.5	14.0	77.6
Female	(213)	13.6	20.7	65.7
Age Category***				
18B34	(196)	4.1	17.9	78.1
35B49	(226)	7.5	19.0	73.5
50+	(55)	47.3	3.6	49.1
Race/Ethnicity***				
Black	(198)	5.1	25.3	69.7
White	(234)	16.7	8.5	74.8
Other	(45)	4.4	24.4	71.1
Highest Year in School***				
0B11 Years of School	(100)	5.0	18.0	77.0
High School Graduate	(100)	6.0	22.0	72.0
Some College	(226)	11.1	15.9	73.0
College Graduate	(57)	28.1	10.5	61.4
Total Income for 1998				
Under $30,000	(175)	9.1	20.6	70.3
$30,000B69,999	(61)	13.1	11.5	75.4
$70,000 and higher	(133)	15.0	11.3	73.7
Size of Area Where You Live*				
City	(309)	10.4	20.7	68.9
Suburban Area	(72)	13.9	15.3	70.8
Small Town or Rural Area	(101)	8.9	6.9	84.2
Health Insurance				
No	(298)	12.4	16.4	71.1
Yes	(200)	10.0	17.0	73.0
Patient Type				
Outpatient	(203)	11.3	20.2	68.5
Inpatient	(295)	11.5	14.2	74.2

*p<.05, **p<.01, ***p<.001

Table 7 Respondents' primary addiction or drug of choice (Patient Survey, Q1q)

Characteristics	(N)	Alcohol (%)	Illegal Drug (%)	Prescription (%)	Combination (%)
Total Sample	(504)	31.2	60.1	4.0	4.8
Gender					
Male	(274)	27.4	63.9	3.6	5.1
Female	(215)	34.0	57.2	4.7	4.2
Age Category* **					
18B34	(197)	19.8	74.6	2.0	3.6
35B49	(231)	31.2	58.0	5.2	5.6
50+	(55)	61.8	23.6	7.3	7.3
Race/Ethnicity* **					
Black	(201)	12.4	84.6	0.0	3.0
White	(237)	46.8	40.1	6.8	6.3
Other	(45)	20.0	66.7	6.7	6.7
Highest Year in School* **					
0B11 Years of School	(102)	17.6	75.5	3.9	2.9
High School Graduate	(101)	18.8	79.2	1.0	1.0
Some College	(228)	35.5	54.4	5.7	4.4
College Graduate	(58)	51.7	27.6	3.4	17.2
Total Income for 1998* **					
Under $30,000	(176)	26.1	68.2	2.3	3.4
$30,000B69,999	(62)	38.7	46.8	9.7	4.8
$70,000 and higher	(136)	43.4	43.4	5.9	7.4
Size of Area Where You					
City	(313)	24.6	65.8	3.8	5.8
Suburban Area	(74)	39.2	55.4	1.4	4.1
Small Town or Rural Area	(101)	39.6	51.5	5.9	3.0
Health Insurance					
No	(301)	28.9	63.5	3.3	4.3
Yes	(203)	34.5	55.2	4.9	5.4
Patient Type					
Outpatient	(206)	27.7	62.1	3.9	6.3
Inpatient	(298)	33.6	58.7	4.0	3.7

*p<.05, **p<.01, ***p<.001

Table 8 "How involved was your primary care physician in deciding that you needed treatment for a substance abuse or addiction problem?" (Patient Survey, Q4g)

Characteristics	(N)	Involved a Lot (%)	Involved a Little (%)	Not Involved/NA (%)
Total Sample	(474)	9.3	16.7	74.1
Gender				
Male	(258)	8.9	15.9	75.2
Female	(203)	9.4	17.7	72.9
Age Category*				
18B34	(188)	8.5	10.6	80.9
35B49	(222)	9.0	20.3	70.7
50+	(46)	10.9	28.3	60.9
Race/Ethnicity				
Black	(190)	12.1	15.8	72.1
White	(222)	5.4	18.5	76.1
Other	(43)	9.3	11.6	79.1
Highest Year in School				
0B11 Years of School	(96)	15.6	17.7	66.7
High School Graduate	(95)	9.5	14.7	75.8
Some College	(217)	6.5	17.1	76.5
College Graduate	(53)	5.7	18.9	75.5
Total Income for 1998				
Under $30,000	(162)	8.6	18.5	72.8
$30,000B69,999	(60)	10.0	20.0	70.0
$70,000 and higher	(131)	4.6	19.1	76.3
Size of Area Where You Live				
City	(293)	10.2	16.0	73.7
Suburban	(67)	6.0	13.4	80.6
Small Town or Rural Area	(100)	7.0	20.0	73.0
Health Insurance***				
No	(279)	7.2	11.5	81.4
Yes	(195)	12.3	24.1	63.6
Patient Type*				
Outpatient	(137)	10.2	32.1	57.7
Inpatient	(178)	16.9	19.7	63.5

*p<.05, **p<.01, ***p<.001

Table 9 "How concerned do you feel the primary care physician was with your well-being after you were diagnosed with a substance abuse or addiction problem?" (Patient Survey, Q20)

Characteristics	(N)	Very Concerned (%)	Somewhat Concerned (%)	Not too Concerned (%)	Not at all concerned (%)
Total Sample	(182)	61.0	24.7	9.3	4.9
Gender					
Male	(93)	64.5	21.5	10.8	3.2
Female	(85)	55.3	29.4	8.2	7.1
Age Category					
18B34	(55)	58.2	23.6	12.7	5.5
35B49	(93)	60.2	25.8	9.7	4.3
50+	(26)	65.4	23.1	3.8	7.7
Race/Ethnicity					
Black	(87)	69.0	21.8	5.7	3.4
White	(78)	51.3	29.5	14.1	5.1
Other	(9)	44.4	33.3	11.1	11.1
Highest Year in School					
0B11 Years of School	(41)	65.9	22.0	9.8	2.4
High School Graduate	(39)	66.7	17.9	10.3	5.1
Some College	(76)	59.2	27.6	7.9	5.3
College Graduate	(21)	42.9	38.1	14.3	4.8
Total Income for 1998					
Under $30,000	(67)	55.2	29.9	7.5	7.5
$30,000B69,999	(28)	64.3	14.3	17.9	3.6
$70,000 and higher	(46)	54.3	32.6	6.5	6.5
Size of Area Where You Live					
City	(118)	61.9	26.3	5.9	5.9
Suburban	(26)	50.0	26.9	23.1	0.0
Small Town or Rural Area	(31)	64.5	16.1	12.9	6.5
Health Insurance					
No	(87)	59.8	26.4	11.5	2.3
Yes	(95)	62.1	23.2	7.4	7.4
Patient Type					
Outpatient	(65)	63.1	18.5	9.2	9.2
Inpatient	(117)	59.8	28.2	9.4	2.6

*p<.05, **p<.01, ***p<.001

Table 10 **"How qualified do you feel the primary care physician was to help you with your substance abuse or addiction?" (Patient Survey, Q24)**

Characteristics	(N)	Very Qualified (%)	Somewhat Qualified (%)	Not too Qualified (%)	Not at all Qualified (%)
Total Sample	(191)	38.7	38.2	18.8	4.2
Gender					
Male	(94)	38.3	41.5	17.0	3.2
Female	(92)	38.0	35.9	20.7	5.4
Age Category					
18B34	(57)	40.4	40.4	12.3	7.0
35B49	(96)	36.5	39.6	21.9	2.1
50+	(29)	41.4	27.6	24.1	6.9
Race/Ethnicity					
Black	(90)	44.4	38.9	12.2	4.4
White	(84)	31.0	38.1	26.2	4.8
Other	(9)	33.3	55.6	11.1	0.0
Highest Year in School					
0B11 Years of School	(43)	51.2	30.2	14.0	4.7
High School. Graduate	(40)	45.0	40.0	10.0	5.0
Some College	(80)	31.3	41.3	22.5	5.0
College Graduate	(22)	31.8	36.4	31.8	0.0
Total Income for 1998					
Under $30,000	(71)	40.8	35.2	18.3	5.6
$30.000B69.999	(27)	22.2	40.7	37.0	0.0
$70,000 and higher	(50)	32.0	40.0	24.0	4.0
Size of Area Where You Live					
City	(125)	41.6	37.6	15.2	5.6
Suburban	(27)	33.3	29.6	37.0	0.0
Small Town or Rural Area	(31)	32.3	48.4	16.1	3.2
Health Insurance					
No	(92)	37.0	40.2	21.7	1.1
Yes	(99)	40.4	36.4	16.2	7.1
Patient Type					
Outpatient	(67)	41.8	37.3	14.9	6.0
Inpatient	(124)	37.1	38.7	21.0	3.2

*p<.05, **p<.01, ***p<.001

Table 11 "Overall, how satisfied are you with advice, referrals, and /or treatments that the primary care physician provided for you?" (Patient Survey, Q22)

Characteristics	(N)	Very Satisfied (%)	Somewhat Satisfied (%)	Not Too Satisfied (%)	Not at All Satisfied (%)
Total Sample	(155)	51.0	36.1	7.1	5.8
Gender					
Male	(76)	47.4	40.8	7.9	3.9
Female	(75)	53.3	32.0	6.7	8.0
Age Category					
18B34	(47)	51.1	40.4	2.1	6.4
35B49	(74)	52.7	33.8	8.1	5.4
50+	(26)	46.2	34.6	11.5	7.7
Race/Ethnicity*					
Black	(72)	63.9	30.6	1.4	4.2
White	(70)	37.1	41.4	12.9	8.6
Other	(5)	40.0	60.0	0.0	0.0
Highest Year in School					
0B11 Years of School	(36)	63.9	25.0	8.3	2.8
High School Graduate	(33)	57.6	33.3	3.0	6.1
Some College	(67)	44.8	38.8	9.0	7.5
College Graduate	(16)	31.3	56.3	6.3	6.3
Total Income for 1998					
Under $30,000	(62)	50.0	32.3	9.7	8.1
$30,000B69,999	(19)	31.6	47.4	15.8	5.3
$70,000 and higher	(38)	47.4	39.5	5.3	7.9
Size of Area Where You Live					
City	(100)	54.0	35.0	7.0	4.0
Suburban	(22)	36.4	45.5	13.6	4.5
Small Town or Rural Area	(27)	51.9	29.6	3.7	14.8
Health Insurance					
No	(73)	49.3	37.0	11.0	2.7
Yes	(82)	52.4	35.4	3.7	8.5
Patient Type					
Outpatient	(54)	48.1	38.9	3.7	9.3
Inpatient	(101)	52.5	34.7	8.9	4.0

*p<.05, **p<.01, ***p<.001

Table 12 Individuals who played a role in patient's decision to seek treatment

"How involved were each of the following persons or groups in deciding that you needed treatment for a substance abuse or addiction problem?" (Patient Survey, Q4)

	N	Involved a lot (%)	Involved a little (%)	Not involved/NA (%)
Yourself	(500)	78.0	15.2	6.8
Your family	(492)	54.1	25.6	20.3
Your spouse/significant other	(481)	41.6	20.2	38.3
Your friend(s)	(480)	30.4	12.9	56.7
Criminal justice system	(483)	20.5	29.8	49.7
Your employer	(476)	11.3	9.7	79.0
Primary care physician(s)	(474)	9.3	16.7	74.1
Other physicians	(442)	9.0	4.5	86.4
Other professionals	(428)	7.2	4.0	88.8
Other persons or groups	(437)	7.1	2.7	89.8
Your co-workers	(472)	5.9	10.6	83.5
Clergy	(461)	4.6	5.6	89.8

Table 13 Involvement of primary care physician in patient's decision to seek treatment for a substance abuse or addiction problem (Patient Survey, Q4g, Q10)

	Involved a lot (%)	Involved a little (%)	Not involved/NA (%)
How often R saw PCP for problems "caused by" or "related to" substance abuse			
Usually	24.6	36.8	38.6
Sometimes	18.6	34.3	47.1
Rarely	11.1	25.4	63.5
Never	6.3	12.5	81.3

$p < .001$

Table 14 Characteristics of primary care physicians reporting use of brief interventions with patients who appear to have alcohol or smoking-related problems (Q23a, Q23b)

Characteristics	(N)	Use For Alcohol-Related Problems (%)	Use For Smoking-Related Problems (%)
Total Sample	(628)	66.8	82.6
Physician Specialty			
Internal medicine	(119)	78.4***	86.6*
General practice	(91)	63.4	77.5
Family practice	(135)	84.4	89.6
OB/GYN	(118)	54.1	81.1
Pediatrics	(172)	64.0	77.0
Medical School Graduation			
Within last 10 years	(80)	60.2	85.5
11B20 years ago	(205)	66.7	81.1
21B30 years ago	(174)	73.6	81.3
More than 30 years ago	(175)	63.4	84.6
Physician Gender			
Male	(475)	67.4	82.6
Female	(160)	64.9	82.6
Belief in effectiveness of available methods for treating substance abuse			
High Believer	(182)	70.8***	86.1**
Medium Believer	(373)	67.8	82.1
Low Believer	(49)	36.0	67.7
How prepared to diagnose patients with substance abuse			
Most Prepared	(247)	77.8***	88.0**
Moderately Prepared	(199)	67.6	80.6
Least Prepared	(177)	52.1	76.9

(Table 14, *continued*)

Characteristics	(N)	Use For Alcohol-Related Problems (%)	Use For Smoking-Related Problems (%)
Difficulty discussing substance abuse with patients			
Find it most difficult	(204)	54.1***	80.9
Find it moderately difficult	(276)	71.5	81.2
Find it least difficult	(151)	75.2	87.3
Practice Type			
Solo private practice	(205)	56.3***	77.6*
Two-physician practice	(62)	65.6	82.0
Group practice	(355)	73.0	85.8
Practice Location			
Urban area	(196)	67.9	76.4*
Suburban area	(237)	66.1	86.1
Small town	(127)	67.4	86.2
Rural area	(67)	66.1	82.5
Patients in managed care plans			
0B33 percent	(267)	67.7	81.5
34B66 percent	(198)	64.5	82.7
67B100 percent	(157)	66.7	84.3
Patients in Medicaid plans			
0B9 percent	(289)	67.6	81.8
10 or more percent	(332)	66.3	83.3
Medical school instruction regarding substance abuse			
Yes	(423)	69.1*	84.1
No	(201)	60.8	79.2
CME training regarding substance abuse			
Yes—within past 5 years	(230)	74.9***	88.7***
Yes—but not within past 5 years	(77)	70.6	85.2
No—never received	(316)	57.3	76.4

(Table 14, *continued*)

Characteristics	(N)	Use For Alcohol-Related Problems (%)	Use For Smoking-Related Problems (%)
Physician smoking status			
Current smoker	(14)	78.6	78.6
Former smoker	(142)	66.4	81.7
Never smoked	(479)	66.5	83.0
Physician drinking status			
Currently drinks alcohol reg basis	(122)	63.7	86.5
Previously drank alcohol reg basis	(51)	70.4	81.8
Has never drank alcohol reg basis	(452)	66.6	81.0
Personal experience with someone involved in substance abuse			
No	(157)	55.3***	77.4
With either family or friends	(216)	66.4	82.7
With both family and friends	(258)	74.1	85.7
* p < .05, ** p < .01, *** p < .001			
No	(54)	51.9	48.1
With either family or friends	(59)	52.5	47.5
With both family and friends	(66)	71.2	28.8
* p < .05			

02

(Tables related to Chapter III)

Table 15 Perceived effectiveness of available treatment methods

"In your opinion, how effective are available methods for [treating/assisting patients in] _____? Would you say very effective, somewhat effective, not too effective or not at all effective? (Q3a-4)

All Physicians Interviewed

	Very Effective (%)	Somewhat Effective (%)	Not too Effective (%)	Not at all Effective (%)	Don't Know (%)	(n)
Hypertension*	85.7	14.2	0.1	0.0	0.0	(637)
Diabetes	69.0	30.9	0.1	0.0	0.0	(622)
Depression**	42.5	53.4	3.7	0.1	0.3	(620)
Quitting Smoking (Adults)	8.2	58.7	30.8	2.4	0.0	(469)
Alcoholism*	3.6	44.8	46.2	2.5	3.0	(619)
Quitting Smoking (Adolescents)[a]	2.8	28.1	59.6	9.0	0.6	(178)
Illegal Drugs	2.1	33.2	55.9	6.8	2.0	(643)

*p < .05, **p < .01

[a] **Note:** Effectiveness of treatments for smoking among adolescents was only asked of Pediatricians

Internal Medicine

	Very Effective (%)	Somewhat Effective (%)	Not too Effective (%)	Not at all Effective (%)	Don't Know (%)	(n)
Hypertension	93.1	6.9	0.0	0.0	0.0	(116)
Diabetes	68.5	31.5	0.0	0.0	0.0	(111)
Depression	43.4	52.2	3.5	0.0	0.9	(113)
Quitting Smoking (Adults)	4.2	59.2	32.5	4.2	0.0	(120)
Alcoholism	0.9	37.8	57.7	1.8	1.8	(111)
Illegal Drugs	0.8	28.8	57.6	10.2	2.5	(118)

(Table 15, *continued*)

"In your opinion, how effective are available methods for [treating/assisting patients in] _____? Would you say very effective, somewhat effective, not too effective or not at all effective? (Q3a-4)

General Practice

	Very Effective (%)	Somewhat Effective (%)	Not too Effective (%)	Not at all Effective (%)	Don't Know (%)	(n)
Hypertension	87.9	12.1	0.0	0.0	0.0	(91)
Diabetes	77.3	22.7	0.0	0.0	0.0	(88)
Depression	44.2	50.0	4.7	1.2	0.0	(86)
Quitting Smoking (Adults)	9.9	52.7	36.3	1.1	0.0	(91)
Alcoholism	2.3	48.3	43.7	4.6	1.1	(87)
Illegal Drugs	2.2	29.7	56.0	12.1	0.0	(91)

Family Practice

	Very Effective (%)	Somewhat Effective (%)	Not too Effective (%)	Not at all Effective (%)	Don't Know (%)	(n)
Hypertension	85.7	14.3	0.0	0.0	0.0	(133)
Diabetes	61.2	38.0	0.8	0.0	0.0	(129)
Depression	57.8	41.4	0.8	0.0	0.0	(128)
Quitting Smoking (Adults)	7.4	67.6	25.0	0.0	0.0	(136)
Alcoholism	3.9	47.7	43.0	5.5	0.0	(128)
Illegal Drugs	2.2	32.8	58.2	6.0	0.7	(134)

(Table 15, *continued*)

"In your opinion, how effective are available methods for [treating/assisting patients in] _____? Would you say very effective, somewhat effective, not too effective or not at all effective? (Q3a-4)

Ob-Gyn

	Very Effective (%)	Somewhat Effective (%)	Not too Effective (%)	Not at all Effective (%)	Don't Know (%)	(n)
Hypertension	85.6	14.4	0.0	0.0	0.0	(118)
Diabetes	68.7	31.3	0.0	0.0	0.0	(115)
Depression	44.3	52.2	3.5	0.0	0.0	(115)
Quitting Smoking (Adults)	10.7	55.7	31.1	2.5	0.0	(122)
Alcoholism	4.3	43.5	45.2	1.7	5.2	(115)
Illegal Drugs	1.7	30.6	59.5	5.8	2.5	(121)

Pediatrics

	Very Effective (%)	Somewhat Effective (%)	Not too Effective (%)	Not at all Effective (%)	Don't Know (%0	(n)
Hypertension	76.0	23.5	0.6	0.0	0.0	(179)
Diabetes	73.7	26.3	0.0	0.0	0.0	(179)
Depression	25.3	68.0	6.2	0.0	0.6	(178)
Alcoholism	5.6	52.2	37.6	1.7	2.8	(178)
Quitting Smoking (Adolescents)[a]	2.8	28.1	59.6	9.0	0.6	(178)
Illegal Drugs	4.5	45.8	44.1	3.4	2.2	(179)

[a] **Note:** Effectiveness of treatments for smoking among adolescents was only asked of Pediatricians

Table 16 Reasons patients find it difficult to discuss substance abuse or addiction

Was it difficult to discuss your substance abuse or addiction problem with the primary care physician because of the following reasons? (Patient Survey, Q19)

	N	Yes (%)
R was ashamed	(106)	84.0
R did not want to stop using drugs	(105)	54.3
Doctor not sympathetic	(106)	36.8
R was afraid doctor would tell R's family members	(105)	34.3
Doctor would not know how to help	(105)	21.9
Not enough time with doctor	(105)	21.0
R was afraid of doctor	(105)	18.1
Difficult for other reasons	(96)	12.5

Table 17 Perceived difficulty discussing health conditions with patients

"How difficult do you find it to discuss _____ with your patients? Would you say very difficult, somewhat difficult, not too difficult or not at all difficult? (Q5a-c)

All Physicians Interviewed

	Very Difficult (%)	Somewhat Difficult (%)	Not too Difficult (%)	Not at all Difficult (%)	Don't Know (%)	(n)
Depression***	1.5	16.4	32.5	49.6	0.0	(648)
Alcohol Abuse	5.6	35.1	31.6	27.8	0.4	(646)
Prescription Drug Abuse	10.1	36.5	29.7	23.8	0.1	(644)

***p<.001

Internal Medicine

	Very Difficult (%)	Somewhat Difficult (%)	Not too Difficult (%)	Not at all Difficult (%)	Don't Know (%)	(n)
Depression	0.0	15.0	29.2	55.8	0.0	(120)
Alcohol Abuse	4.2	29.2	33.3	33.3	0.0	(120)
Prescription Drug Abuse	10.1	42.0	26.9	21.0	0.0	(119)

General Practice

	Very Difficult (%)	Somewhat Difficult (%)	Not too Difficult (%)	Not at all Difficult (%)	Don't Know (%)	(n)
Depression	2.2	24.2	30.8	42.9	0.0	(91)
Alcohol Abuse	9.9	33.0	31.9	25.3	2.2	(91)
Prescription Drug Abuse	14.3	28.6	33.0	24.2	0.0	(91)

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(Table 17, *continued*)

Family Practice

	Very Difficult (%)	Somewhat Difficult (%)	Not too Difficult (%)	Not at all Difficult (%)	Don't Know (%)	(n)
Depression	0.7	13.2	36.0	50.0	0.0	(136)
Alcohol Abuse	2.2	36.0	36.0	25.7	0.0	(136)
Prescription Drug Abuse	5.2	40.7	35.6	18.5	0.0	(135)

OB/Gyn

	Very Difficult (%)	Somewhat Difficult (%)	Not too Difficult (%)	Not at all Difficult (%)	Don't Know (%)	(n)
Depression	0.8	9.8	32.0	57.4	0.0	(122)
Alcohol Abuse	5.0	38.0	28.1	28.9	0.0	(121)
Prescription Drug Abuse	9.9	30.6	30.6	28.9	0.0	(121)

Pediatrics

	Very Difficult (%)	Somewhat Difficult (%)	Not too Difficult (%)	Not at all Difficult (%)	Don't Know (%)	(n)
Depression	5.0	31.8	35.8	27.4	0.0	(179)
Alcohol Abuse	10.1	36.5	32.6	20.8	1.7	(178)
Prescription Drug Abuse	12.9	41.0	25.3	20.8	0.6	(178)

Table 18 Barriers to phsyicians discussing substance abuse

"Please tell me if any of the following are reasons why you sometimes do not discuss alcohol or drug use with your patients." (Q22a-i)

	Cited as Reason (%)	(n)
Because patients often do not tell the truth about their substance use?	57.7	(633)
Because of time constraints?	35.1	(636)
Because doing so may question your patient's integrity?	29.5	(631)
Because you do not want to frighten or anger your patients?	25.0	(631)
Because of uncertainty regarding the effectiveness of available treatments?	15.7	(637)
Because you're personally uncomfortable talking about substance abuse with patients?	12.6	(637)
Because doing so may encourage a patient to seek another doctor?	11.0	(638)
Because you're not always reimbursed for the extra time you spend dealing with substance abuse problems?	10.6	(639)

Table 19 Patients' opinions regarding physicians' diagnosis/identificiation of substance abuse

"Please indicate whether you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with each of the following statements." (Patient Survey)

	Strongly Agree (%)	Somewhat Agree (%)	Somewhat Disagree (%)	Strongly Disagree (%)
It is common for patients to lie to physicians about their addictions. **(Q26a)**	56.9	28.0	7.9	7.3
Physicians are far more concerned with patient smoking than with other addictions. **(Q26b)**	27.4	32.6	20.5	19.5
Physicians do not know how to detect addictions and end up prescribing drugs that may be dangerous, given the patient's addiction. **(Q263)**	19.1	35.4	23.5	21.9
Physicians do not know how to detect addictions and will instead just treat the physical symptoms of the addiction. **(Q26d)**	18.1	36.7	25.2	20.0
Physicians are gullible because they believe everything their patients tell them is true. **(Q26c)**	10.7	31.8	31.6	25.9

Table 20 "Was it difficult to discuss your substance abuse or addiction problem with the primary care physician because you did not want to stop using drugs or alcohol?" (Patient Survey, Q19g)

Characteristics	(N)	Yes (%)	No (%)
Total Sample	(105)	54.3	45.7
Gender			
Male	(44)	59.1	40.9
Female	(58)	51.7	48.3
Age Category			
18B34	(34)	50.0	50.0
35B49	(52)	65.4	34.6
50+	(14)	35.7	64.3
Race/Ethnicity			
Black	(51)	52.9	47.1
White	(45)	60.0	40.0
Other	(4)	50.0	50.0
Highest Year in School			
0B11 Years of School	(25)	56.0	44.0
High School Graduate	(23)	52.2	47.8
Some College	(43)	55.8	44.2
College Graduate	(11)	45.5	54.5
Total Income for 1998			
Under $30,000	(41)	48.8	51.2
$30,000B69,999	(15)	40.0	60.0
$70,000 and higher	(26)	65.4	34.6
Size of Area Where			
City	(69)	49.3	50.7
Suburban Area	(18)	61.1	38.9
Small Town or Rural	(14)	71.4	28.6
Health Insurance			
No	(43)	60.5	39.5
Yes	(62)	50.0	50.0
Patient Type			
Outpatient	(34)	52.9	47.1
Inpatient	(71)	54.9	45.1

*p<.05, **p<.01,

Table 21 Patients' beliefs about primary care physicians

"To what extent do you agree or disagree with the following statements?" (Patient Survey, Q25)

	Strongly Agree (%)	Somewhat Agree (%)	Somewhat Disagree (%)	Strongly Disagree (%)
I have never felt "put down" by the primary care physician because of my addiction.	48.7	24.6	15.0	11.8
The primary care physician made me feel that my addiction was a result of a lack of willpower on my part.	17.9	29.3	18.5	34.2
The primary care physician was too busy to detect my addiction.	15.8	19.5	19.5	45.3

Appendix C

PRIMARY CARE PHYSICIAN SURVEY QUESTIONNAIRE

Q1: **What percent of your professional time is spent providing care to patients?**

Q1a1/Q1a2: Half of doctors to be asked about a female teacher, and half a male teacher. OB/Gyn get only female. Peds get Q1a3/Q1a4

Q1a1: **Next, based on your experience, I'd like to ask you to suggest up to five likely diagnoses that come to mind for the following hypothetical patient:** ***The patient is a married, 38-year-old male with recurrent abdominal pains. He is employed as a high school teacher and reports job-related anxiety and stress. He has intermittently elevated blood pressure, and gastritis visible on gastroscopy, as well as waking up frequently at night and irritability. He also reports normal libido, and no previous psychiatric history.***

Based on this information alone, what are the top five possible diagnoses that come to mind?

(INTERVIEWER: Do not read list. Record first five responses in order mentioned. (First mention)

<1> Alcohol abuse
<2> Depression
<3> Prescription medication misuse
<4> Over-the-counter medication misuse
<5> Combination alcohol and medication misuse
<6> Illegal drug use
<7> GERD, gatstro-esophageal reflex disorder
<8> IBS, irritable bowel syndrome
<9> Ulcer
<10> Anxiety disorder
<11> Other (SPECIFY)
<98> DO NOT KNOW
<99> REFUSED

Q1b1: **Anything else?** (second mention)

Q1c1: **Anything else?** (third mention)

Q1d1: **Anything else?** (fourth mention)

Q1e1: **Anything else?** (fifth mention)

Q1a2: **Next, based on your experience, I'd like to ask you to suggest up to five likely diagnoses that come to mind for the following hypothetical patient:** ***The patient is a married, 38-year-old female with recurrent abdominal pains, and is not pregnant. She is employed as a high school teacher and reports job-related anxiety and stress. She has intermittently elevated blood pressure, and gastritis visible on gastroscopy, as well as waking up frequently at night and irritability. She also reports normal libido, and no previous psychiatric history.***

Based on this information alone, what are the top five possible diagnoses that come to mind?

(INTERVIEWER: Do not read list. Record first five responses in order mentioned. first mention.)

<1> Alcohol abuse
<2> Depression
<3> Prescription medication misuse
<4> Over-the-counter medication misuse
<5> Combination alcohol and medication misuse
<6> Illegal drug use
<7> GERD, gatstro-esophageal reflex disorder
<8> IBS, irritable bowel syndrome
<9> Ulcer
<10> Anxiety disorder
<11> Other (SPECIFY)
<98> DO NOT KNOW
<99> REFUSED

Q1b2: **Anything else?** (second mention)

Q1c2: **Anything else?** (third mention)

Q1d2: **Anything else?** (fourth mention)

Q1e2: **Anything else?** (fifth mention)

Asked of Pediatricians Only:

Q1a3: **Next, based on your experience, I'd like to ask you to suggest up to five likely diagnoses that come to mind for the following hypothetical patient:** ***The patient, a 17-year-old male, presents with red eyes, runny nose, and complaints of a frequent sore throat, headaches, and chronic fatigue. He admits to a loss of appetite, a loss of interest in school, and worsening relations with his mother and father.***

Based on this information alone, what are the top five possible diagnoses that come to mind?

(INTERVIEWER: Do not read list. Record first five responses in order mentioned. first mention.)

<1> Alcohol abuse
<2> Depression
<3> Prescription medication misuse
<4> Over-the-counter medication misuse
<5> Combination alcohol and medication misuse
<6> Illegal drug use
<7> GERD, gatstro-esophageal reflex disorder
<8> IBS, irritable bowel syndrome
<9> Ulcer
<10> Anxiety disorder
<11> Other (SPECIFY)
<98> DO NOT KNOW
<99> REFUSED

Q1b3: **Anything else?** (second mention)

Q1c3: **Anything else?** (third mention)

Q1d3: **Anything else?** (fourth mention)

Q1e3: **Anything else?** (fifth mention)

Q1a4: **Next, based on your experience, I'd like to ask you to suggest up to five likely diagnoses that come to mind for the following hypothetical patient:** ***The patient, a 17-year-old female, presents with red eyes, runny nose, and complaints of a frequent sore throat, headaches, and chronic fatigue. She admits to a loss of appetite, a loss of interest in school, and worsening relations with her mother and father.***

Based on this information alone, what are the top five possible diagnoses that come to mind?

(INTERVIEWER: Do not read list. Record first five responses in order mentioned. first mention.)

<1> Alcohol abuse
<2> Depression
<3> Prescription medication misuse
<4> Over-the-counter medication misuse
<5> Combination alcohol and medication misuse
<6> Illegal drug use
<7> GERD, gatstro-esophageal reflex disorder
<8> IBS, irritable bowel syndrome
<9> Ulcer
<10> Anxiety disorder
<11> Other (SPECIFY)
<98> DO NOT KNOW
<99> REFUSED

Q1b4: **Anything else?** (second mention)

Q1c4: **Anything else?** (third mention)

Q1d4: **Anything else?** (fourth mention)

Q1e4: **Anything else?** (fifth mention)

Q2: **Next, I would like you to tell me how prepared you feel you are to diagnose or identify patients with the following conditions:**

Q2a: **How prepared do you feel you are to diagnose patients with Hypertension?**
Would you say you are...

<1> Very prepared,
<2> Somewhat prepared,
<3> Not too prepared, or
<4> Not at all prepared?
<7> NO RESPONSE CODE APPLICABLE, LEAVE NOTE FIRST
<8> DO NOT KNOW
<9> REFUSED

Q2b: **How prepared do you feel you are to diagnose patients with depression?**
Would you say you are...

<1> Very prepared,
<2> Somewhat prepared,
<3> Not too prepared, or
<4> Not at all prepared?
<7> NO RESPONSE CODE APPLICABLE, LEAVE NOTE FIRST
<8> DO NOT KNOW
<9> REFUSED

Q2c: **How prepared do you feel you are to diagnose patients with alcoholism? Would you say you are...**

<1> Very prepared,
<2> Somewhat prepared,
<3> Not too prepared, or
<4> Not at all prepared?
<7> NO RESPONSE CODE APPLICABLE, LEAVE NOTE FIRST
<8> DO NOT KNOW
<9> REFUSED

Q2d: **How prepared do you feel you are to identify patients who are using illegal drugs? Would you say you are...**

<1> Very prepared,
<2> Somewhat prepared,
<3> Not too prepared, or
<4> Not at all prepared to diagnose patients for this condition?
<7> NO RESPONSE CODE APPLICABLE, LEAVE NOTE FIRST
<8> DO NOT KNOW
<9> REFUSED

Q2e: **How prepared do you feel you are to identify patients who are misusing or abusing prescription drugs? Would you say you are...**

<1> Very prepared,
<2> Somewhat prepared,
<3> Not too prepared, or
<4> Not at all prepared?
<7> NO RESPONSE CODE APPLICABLE, LEAVE NOTE FIRST
<8> DO NOT KNOW
<9> REFUSED

Q2f: **How prepared do you feel you are to diagnose patients with diabetes? Would you say you are...**

<1> Very prepared,
<2> Somewhat prepared,
<3> Not too prepared, or
<4> Not at all prepared?
<7> NO RESPONSE CODE APPLICABLE, LEAVE NOTE FIRST
<8> DO NOT KNOW
<9> REFUSED

Q3a: **In your opinion, how effective are available methods for treating depression? Would you say...**

<1> Very effective,
<2> Somewhat effective,
<3> Not too effective, or
<4> Not at all effective?
<7> NO RESPONSE CODE APPLICABLE, LEAVE NOTE FIRST
<8> DO NOT KNOW
<9> REFUSED

Q3b: **In your opinion, how effective are available methods for treating alcoholism? Would you say...**

<1> Very effective,
<2> Somewhat effective,
<3> Not too effective, or
<4> Not at all effective?
<7> NO RESPONSE CODE APPLICABLE, LEAVE NOTE FIRST
<8> DO NOT KNOW
<9> REFUSED

Q3c: **In your opinion, how effective are available methods for treating illegal drug abuse? Would you say ...**

<1> Very effective,
<2> Somewhat effective,
<3> Not too effective, or
<4> Not at all effective?
<7> NO RESPONSE CODE APPLICABLE, LEAVE NOTE FIRST
<8> DO NOT KNOW
<9> REFUSED

Q3d: **In your opinion, how effective are available methods for treating hypertension? Would you say ...**

<1> Very effective,
<2> Somewhat effective,
<3> Not too effective, or
<4> Not at all effective?
<7> NO RESPONSE CODE APPLICABLE, LEAVE NOTE FIRST
<8> DO NOT KNOW
<9> REFUSED

Q3e: **In your opinion, how effective are available methods for treating diabetes? Would you say ...**

<1> Very effective,
<2> Somewhat effective,
<3> Not too effective, or
<4> Not at all effective?
<7> NO RESPONSE CODE APPLICABLE, LEAVE NOTE FIRST
<8> DO NOT KNOW
<9> REFUSED

Q4: **In your opinion, how effective are available methods for assisting adult patients in quitting smoking? Would you say...**

<1> Very effective,
<2> Somewhat effective,
<3> Not too effective, or
<4> Not at all effective?
<7> NO RESPONSE CODE APPLICABLE , LEAVE NOTE FIRST
<8> DO NOT KNOW
<9> REFUSED

Asked of Pediatricians only:

Q4p: **In your opinion, how effective are available methods for assisting patients under age 18 in quitting smoking? Would you say...**

<1> Very effective,
<2> Somewhat effective,
<3> Not too effective, or
<4> Not at all effective?
<7> NO RESPONSE CODE APPLICABLE, LEAVE NOTE FIRST
<8> DO NOT KNOW
<9> REFUSED

Q5a: **How difficult do you find it to discuss depression with your patients? Would you say...**

<1> Very difficult,
<2> Somewhat difficult,
<3> Not too difficult, or
<4> Not at all difficult?
<7> NO RESPONSE CODE APPLICABLE, LEAVE NOTE FIRST
<8> DO NOT KNOW
<9> REFUSED

Q5b: **How difficult do you find it to discuss alcohol abuse with your patients? Would you say...**

<1> Very difficult,
<2> Somewhat difficult,
<3> Not too difficult, or
<4> Not at all difficult?
<7> NO RESPONSE CODE APPLICABLE, LEAVE NOTE FIRST
<8> DO NOT KNOW
<9> REFUSED

Q5c: **How difficult do you find it to discuss illegal or prescription drug abuse with your patients? Would you say...**

<1> Very difficult,
<2> Somewhat difficult,
<3> Not too difficult, or
<4> Not at all difficult?
<7> NO RESPONSE CODE APPLICABLE, LEAVE NOTE FIRST
<8> DO NOT KNOW
<9> REFUSED

Q6a: **In your practice, do you ever see pregnant patients?**

<1> Yes **[go to Q6b]**
<2> No
<7> NO RESPONSE CODE APPLICABLE, LEAVE NOTE FIRST
<8> DO NOT KNOW
<9> REFUSED

===> [go to Q7a]

Q6b: **With how many of your pregnant patients do you discuss alcohol use? Would you say...**

<1> Almost all,
<2> More than half,
<3> About half,
<4> Less than half, or

(Q6b: continued)

<5> Almost none of your pregnant patients?
<6> NA -- no longer in charge of patients' care
<7> NO RESPONSE CODE APPLICABLE, LEAVE NOTE FIRST
<8> DO NOT KNOW
<9> REFUSED

Q6c: **With how many of your pregnant patients do you discuss tobacco use? Would you say ...**

<1> Almost all,
<2> More than half,
<3> About half,
<4> Less than half, or
<5> Almost none?
<6> NA -- no longer in charge of patients' care
<7> NO RESPONSE CODE APPLICABLE, LEAVE NOTE FIRST
<8> DO NOT KNOW
<9> REFUSED

Q6d: **And with how many of your pregnant patients do you discuss drug use, including illegal, over-the-counter, and prescription drugs? Would you say ...**

<1> Almost all,
<2> More than half,
<3> About half,
<4> Less than half, or
<5> Almost none?
<6> NA -- no longer in charge of patients' care
<7> NO RESPONSE CODE APPLICABLE, LEAVE NOTE FIRST
<8> DO NOT KNOW
<9> REFUSED

Q7a: **How often do your patients complete a health history form? Would you say ...**

<1> At every visit,
<2> Every 6 months,
<3> Every 7 to 12 months,
<4> Once a year,
<5> At longer intervals,
<6> At the first visit only, or
<7> Never? **[go to Q8a]**
<97> NO RESPONSE CODE APPLICABLE, LEAVE NOTE FIRST **[go to Q8a]**
<98> DO NOT KNOW **[go to Q8a]**
<99> REFUSED **[go to Q8a]**

Q7b: **Which of the following health behaviors do you ask your patients to report on your patient health history form? Do you ask about quantity/frequency of alcohol use?**

<1> Yes
<2> No
<3> DOES NOT USE PATIENT HISTORY FORM **[go to Q8a]**
<7> NO RESPONSE
<9> REFUSED

Q7c: **Do you ask about the use of psychoactive medications?**

<1> Yes
<2> No
<3> NO RESPONSE
<4> DO NOT KNOW
<5> REFUSED

Q7d: **Do you ask about the use of other prescription medications?**

<1> Yes
<2> No
<3> NO RESPONSE
<4> DO NOT KNOW
<5> REFUSED

Q7e: **(Do you ask about) Tobacco use?**

<1> Yes
<2> No
<3> NO RESPONSE
<4> DO NOT KNOW
<5> REFUSED

Q7f: **(Do you ask about) Illegal drug use or addiction?**

<1> Yes
<2> No
<3> NO RESPONSE
<4> DO NOT KNOW
<5> REFUSED

Q7g: **(Do you ask about) Family history of alcohol or other drug abuse or addiction?**

<1> Yes
<2> No
<3> NO RESPONSE
<4> DO NOT KNOW
<5> REFUSED

Q8a: **Do you ever administer any alcohol or drug use screen instruments to the patients in your practice? (IF NECESSARY): For example CAGE, AUDIT or DSM?**

<1> Yes **[go to Q8b]**
<2> No
<3> DO NOT KNOW
<4> RFFUSED

Q8b: **What instruments do you use?** (first mention)

<1> AUDIT
<2> CAGE
<3> CIDI
<4> DSM-III, DSM-III-R, DSM-IV, ICD-9, ICD-10
<5> MAST, MAST-D, MAST-G
<6> NET
<7> SMAST
<8> T-ACE
<9> TWEAK
<10> OTHER (SPECIFY)
<98> DO NOT KNOW
<99> REFUSED

Q8c: **Anything else?** (second mention)

Q8d: **Anything else?** (third mention)

Q9: **On average, about how many minutes per visit do you spend just talking with the typical patient in your practice, other than time spent examining them?**

<0-100> ENTER MINUTES
<996> LESS THAN 1 MINUTE
<997> NO RESPONSE CODE APPLICABLE, LEAVE NOTE FIRST
<998> DO NOT KNOW
<999> REFUSED

Asked of Pediatricians only:

Q9p: **On average, about how many minutes per visit do you spend just talking with the typical patient and/or their parents in your practice, other than time spent examining them?**

<0-100> ENTER MINUTES
<996> LESS THAN 1 MINUTE
<997> NO RESPONSE CODE APPLICABLE LEAVE NOTE FIRST
<998> DO NOT KNOW
<999> REFUSED

Q10a: **In your practice, do you see patients under 18 years of age?**

<1> Yes **[go to Q10b]**
<2> No
<3> DO NOT KNOW
<4> REFUSED

Q10b: **Approximately what percentage of your patients are under 18 years of age?**

<1-100> ENTER PERCENTAGE
<996> NO PATIENTS UNDER AGE 18
<997> DO NOT KNOW
<998> REFUSED

Asked of Pediatricians Only:

Q10p: **Approximately what percentage of your patient visits are with adolescents 13 to 17 years of age?**

<1-100> ENTER PERCENTAGE
<996> NO PATIENTS UNDER AGE 18
<997> NO RESPONSE CODE APPLICABLE LEAVE NOTE FIRST
<998> DO NOT KNOW
<999> REFUSED

P1: **Of the patients you have seen over the past 12 months, approximately what percent would you say, were using tobacco?**

<1-100> ENTER PERCENTAGE
<996> NO PATIENTS USING TOBACCO
<997> NO RESPONSE CODE APPLICABLE LEAVE NOTE FIRST
<998> DO NOT KNOW
<999> REFUSED

P2: **Of the patients you have seen over the past 12 months, approximately what percent would you say, were using alcohol?**
<1-100> ENTER PERCENTAGE
<996> NO PATIENTS USING ALCOHOL
<997> NO RESPONSE CODE APPLICABLE LEAVE NOTE FIRST
<998> DO NOT KNOW
<999> REFUSED

P3: **Of the patients you have seen over the past 12 months, approximately what percent would you say, were using other illegal drugs?**
<1-100> ENTER PERCENTAGE
<996> NO PATIENTS USING OTHER DRUGS
<997> NO RESPONSE CODE APPLICABLE LEAVE NOTE FIRST
<998> DO NOT KNOW
<999> REFUSED

P4: **Of your patients who use tobacco, what percentage are experiencing negative consequences related to their use?**
<1-100> ENTER PERCENTAGE
<996> NO PATIENTS EXPERIENCING CONSEQUENCES
<997> NO RESPONSE CODE APPLICABLE LEAVE NOTE FIRST[n]
<998> DO NOT KNOW
<999> REFUSED

P5: **What do you usually do for your patients who are experiencing negative consequences of tobacco use? (First mention):**
<1> Counsel them on dangers, encourage them to stop
<2> Give them educational materials on tobacco use
<3> Contact a family member/inform parents
<4> Prescribe medication
<5> Refer them to someone or somewhere else
<6> Something else/depends [specify]
<95> NOT APPROPIATE (NEVER KNOWN OR SUSPECTED ANYONE)
<98> DO NOT KNOW
<99> REFUSED

P5s: **Enter to whom or where would refer. (IF NECESSARY): To whom or where do you refer patients under age 18 who are experiencing negative consequences of tobacco use? (First mention)**
<1> Refer to another physician or psychiatrist
<2> Refer to outpatient services
<3> Refer to in-patient services
<4> Refer to self-help groups
<5> Refer to a smoking cessation program (quit smoking program)
<6> Refer to another counselor, a psychologist, social worker or other non-physician
<7> Something/someone else [specify]
<98> DO NOT KNOW **[go to P5b]**
<99> REFUSED **[go to P5b]**

P5t: **Would you refer to anyone or anywhere else? (second mention)**

P5b: **What else do you do? (IF NECESSARY): What do you usually do for your patients who are experiencing negative consequences of tobacco use? (second mention)**

<1> Counsel them on dangers, encourage them to stop
<2> Give them educational materials on tobacco use
<3> Contact a family member/inform parents
<4> Prescribe medication
<5> Refer them to someone or somewhere else
<6> Something else/depends [specify]
<96> NO SECOND MENTION
<98> DO NOT KNOW
<99> REFUSED

P5u: **Enter to whom or where would refer. (IF NECESSARY): To whom or where do you refer patients under age 18 who are experiencing negative consequences of tobacco use?** (first mention)

<1> Refer to another physician or psychiatrist
<2> Refer to outpatient services
<3> Refer to in-patient services
<4> Refer to self-help groups
<5> Refer to a smoking cessation program (quit smoking program)
<6> Refer to another counselor, a psychologist, social worker or other non-physician
<7> Something/someone else [specify]
<98> DO NOT KNOW **[go to P5c]**
<99> REFUSED **[go to P5c]**

P5v: **Would you refer to anyone or anywhere else?** (second mention)

P5c: **What else do you do? (IF NECESSARY): What do you usually do for your patients who are experiencing negative consequences of tobacco use?** (third mention)

<1> Counsel them on dangers, encourage them to stop
<2> Give them educational materials on tobacco use
<3> Contact a family member/inform parents
<4> Prescribe medication
<5> Refer them to someone or somewhere else
<6> Something else/depends [specify]
<96> NO THIRD MENTION
<98> DO NOT KNOW
<99> REFUSED

P5w: **Enter to whom or where would refer. (IF NECESSARY): To whom or where do you refer patients under age 18 who are experiencing negative consequences of tobacco use?** (first mention)

<1> Refer to another physician or psychiatrist
<2> Refer to outpatient services
<3> Refer to in-patient services
<4> Refer to self-help groups
<5> Refer to a smoking cessation program (quit smoking program)
<6> Refer to another counselor, a psychologist, social worker or other non-physician
<7> Something/someone else [specify]
<98> DO NOT KNOW **[go to P5d]**
<99> REFUSED **[go to P5d]**

P5x: **Would you refer to anyone or anywhere else?** (second mention)

P5d: **What else do you do? (IF NECESSARY): What do you usually do for your patients who are experiencing negative consequences of tobacco use?** (fourth mention)

<1> Counsel them on dangers, encourage them to stop
<2> Give them educational materials on tobacco use
<3> Contact a family member/inform parents
<4> Prescribe medication
<5> Refer them to someone or somewhere else **[go to P5y]**
<6> Something else/depends [specify]
<96> NO FOURTH MENTION
<98> DO NOT KNOW
<99> REFUSED

P5y: **Enter to whom or where would refer. (IF NECESSARY): To whom or where do you refer patients under age 18 who are experiencing negative consequences of tobacco use?** (first mention)

<1> Refer to another physician or psychiatrist
<2> Refer to outpatient services
<3> Refer to in-patient services
<4> Refer to self-help groups
<5> Refer to a smoking cessation program (quit smoking program)
<6> Refer to another counselor, a psychologist, social worker or other non-physician
<7> Something/someone else [specify]
<98> DO NOT KNOW
<99> REFUSED

P5z: **Would you refer to anyone or anywhere else?** (second mention)

P6: **Of your patients who are using alcohol, what percentage are experiencing negative consequences related to its use?**

<1-100> ENTER PERCENTAGE
<996> NO PATIENTS EXPERIENCING CONSEQUENCES
<997> NO RESPONSE CODE APPLICABLE, LEAVE NOTE FIRST
<998> DO NOT KNOW
<999> REFUSED

P7: **Of your patients who are using other illegal drugs, what percentage are experiencing negative consequences related to their use?**

<1-100>ENTER PERCENTAGE
<996> NO PATIENTS EXPERIENCING CONSEQUENCES
<997> NO RESPONSE CODE APPLICABLE, LEAVE NOTE FIRST
<998> DO NOT KNOW
<999> REFUSED

Q11a: **If you know or strongly suspect that a patient who is under the age of 18 has an alcohol abuse problem, what do you usually do? (IF NECESSARY: By an alcohol problem we mean they are experiencing negative life consequences as a result of alcohol use.)** (first mention)

<1> Counsel them on dangers, encourage them to stop
<2> Give them educational materials on alcohol abuse
<3> Contact a family member/inform parents
<4> Prescribe medication
<5> Refer them to someone or somewhere else
<6> Something else/depends [specify]
<95> NOT APPROPIATE (NEVER KNOWN OR SUSPECTED ANYONE)
<98> DO NOT KNOW
<99> REFUSED

Q11s: **Enter to whom or where would refer. (IF NECESSARY: To whom or where do you refer patients under age 18 you know or strongly suspect have alcohol abuse problems?)** (first mention)

<1> Refer to another physician or psychiatrist
<2> Refer to outpatient services
<3> Refer to in-patient services
<4> Refer to self-help groups (AA, NA)
<5> Refer to a substance abuse counselor
<6> Refer to another counselor, a psychologist, social worker or other non-physician
<7> Something/someone else [specify]
<98> DO NOT KNOW **[go to Q11b]**
<99> REFUSED **[go to Q11b]**

Q11t: **Would you refer to anyone or anywhere else?** (second mention)

Q11b: **What else do you do?** (second mention)

<1> Counsel them on dangers, encourage them to stop
<2> Give them educational materials on alcohol abuse
<3> Contact a family member/inform parents
<4> Prescribe medication
<5> Refer them to someone or somewhere else
<6> Something else/depends [specify]
<96> NO SECOND MENTION
<98> DO NOT KNOW
<99> REFUSED

Q11u: **Enter to whom or where would refer. (IF NECESSARY: To whom or where do you refer patients under age 18 you know or strongly suspect have alcohol abuse problems?)** (first mention)

<1> Refer to another physician or psychiatrist
<2> Refer to outpatient services
<3> Refer to in-patient services
<4> Refer to self-help groups (AA, NA)
<5> Refer to a substance abuse counselor
<6> Refer to another counselor, a psychologist, social worker or other non-physician
<7> Something/someone else [specify]
<98> DO NOT KNOW **[go to Q11c]**

Q11v: **Would you refer to anyone or anywhere else?** (second mention)

Q11c: **What else do you do?** (third mention)

<1> Counsel them on dangers, encourage them to stop
<2> Give them educational materials on alcohol abuse
<3> Contact a family member/inform parents
<4> Prescribe medication
<5> Refer them to someone or somewhere else
<6> Something else/depends [specify]
<96> NO THIRD MENTION
<98> DO NOT KNOW
<99> REFUSED

Q11w: **Enter to whom or where would refer. (IF NECESSARY: To whom or where do you refer patients under age 18 you know or strongly suspect have alcohol abuse problems?)** (first mention)

<1> Refer to another physician or psychiatrist
<2> Refer to outpatient services
<3> Refer to in-patient services
<4> Refer to self-help groups (AA, NA)
<5> Refer to a substance abuse counselor
<6> Refer to another counselor, a psychologist, social worker or other non-physician
<7> Something/someone else [specify]
<98> DO NOT KNOW **[go to Q11d]**
<99> REFUSED **[go to Q11d]**

Q11x: **Would you refer to anyone or anywhere else?** (second mention)

Q11d: **What else do you do?** (fourth mention)

<1> Counsel them on dangers, encourage them to stop
<2> Give them educational materials on alcohol abuse
<3> Contact a family member/inform parents
<4> Prescribe medication
<5> Refer them to someone or somewhere else **[go to Q11y]**
<6> Something else/depends [specify]
<96> NO FOURTH MENTION
<98> DO NOT KNOW
<99> REFUSED

Q11y: **Enter to whom or where would refer. (IF NECESSARY: To whom or where do you refer patients under age 18 you know or strongly suspect have alcohol abuse problems?)** (first mention)

<1> Refer to another physician or psychiatrist
<2> Refer to outpatient services
<3> Refer to in-patient services
<4> Refer to self-help groups (AA, NA)
<5> Refer to a substance abuse counselor
<6> Refer to another counselor, a psychologist, social worker or other non-physician
<7> Something/someone else [specify]
<98> DO NOT KNOW
<99> REFUSED

Q11z: **Would you refer to anyone or anywhere else?** (second mention)

Q12a: **If you know or strongly suspect a patient who is under the age of 18 has an illegal drug abuse problem, what do you do? (IF NECESSARY: by drug abuse problem, we mean they are experiencing negative life consequences as a result of illegal drug use)** (first mention)

<1> Counsel them on dangers, encourage them to stop
<2> Give them educational materials on alcohol abuse
<3> Contact a family member/inform parents
<4> Prescribe medication
<5> Refer them to someone or somewhere else
<6> Something else/depends [specify]
<95> NOT APPROPIATE (NEVER KNOWN/SUSPECTED ANYONE) **[go to Q13a]**
<98> DO NOT KNOW **[go to Q13a]**
<99> REFUSED **[go to Q13a]**

Q12s: **Enter to whom or where would refer. (IF NECESSARY): To whom or where do your refer patients under age 18 you know or strongly suspect have illegal drug abuse problems?** (first mention)

<1> Refer to another physician or psychiatrist
<2> Refer to outpatient services
<3> Refer to in-patient services
<4> Refer to self-help groups (AA, NA)
<5> Refer to a substance abuse counselor
<6> Refer to another counselor, a psychologist, social worker or other non-physician
<7> Something/someone else [specify]
<98> DO NOT KNOW **[go to Q12b]**
<99> REFUSED **[go to Q12b]**

Q12t: **Would you refer to anyone or anywhere else?** (second mention)

Q12b: **What else do you do?** (second mention)

<1> Counsel them on dangers, encourage them to stop
<2> Give them educational materials on alcohol abuse
<3> Contact a family member/inform parents
<4> Prescribe medication
<5> Refer them to someone or somewhere else
<6> Something else/depends [specify]
<96> NO SECOND MENTION [go to Q13a]
<98> DO NOT KNOW [go to Q13a]
<99> REFUSED [go to Q13a]

Q12u: **Enter to whom or where would refer. (IF NECESSARY): To whom or where do your refer patients under age 18 you know or strongly suspect have illegal drug abuse problems?** (first mention)

<1> Refer to another physician or psychiatrist
<2> Refer to outpatient services
<3> Refer to in-patient services
<4> Refer to self-help groups (AA, NA)
<5> Refer to a substance abuse counselor
<6> Refer to another counselor, a psychologist, social worker or other non-physician
<7> Something/someone else [specify]
<98> DO NOT KNOW **[go to Q12c]**
<99> REFUSED **[go to Q12c]**

Q12v: **Would you refer to anyone or anywhere else?** (second mention)

Q12c: **What else do you do?** (third mention)

<1> Counsel them on dangers, encourage them to stop
<2> Give them educational materials on alcohol abuse
<3> Contact a family member/inform parents
<4> Prescribe medication
<5> Refer them to someone or somewhere else
<6> Something else/depends [specify]
<96> NO THRID MENTION **[go to Q13a]**
<98> DO NOT KNOW **[go to Q13a]**
<99> REFUSED **[go to Q13a]**

Q12w: **Enter to whom or where would refer. (IF NECESSARY): To whom or where do your refer patients under age 18 you know or strongly suspect have illegal drug abuse problems?** (first mention)

<1> Refer to another physician or psychiatrist
<2> Refer to outpatient services
<3> Refer to in-patient services
<4> Refer to self-help groups (AA, NA)
<5> Refer to a substance abuse counselor
<6> Refer to another counselor, a psychologist, social worker or other non-physician
<7> Something/someone else [specify]
<98> DO NOT KNOW **[go to Q12d]**
<99> REFUSED **[go to Q12d]**

Q12x: **Would you refer to anyone or anywhere else?** (second mention)

Q12d: **What else would you do?** (fourth mention)

<1> Counsel them on dangers, encourage them to stop
<2> Give them educational materials on alcohol abuse
<3> Contact a family member/inform parents
<4> Prescribe medication
<5> Refer them to someone or somewhere else **[go to Q12y]**
<6> Something else/depends [specify]
<96> NO FOURTH MENTION
<98> DO NOT KNOW
<99> REFUSED

Q12y: **Enter to whom or where would refer. (IF NECESSARY): To whom or where do your refer patients under age 18 you know or strongly suspect have illegal drug abuse problems?** (first mention)

<1> Refer to another physician or psychiatrist
<2> Refer to outpatient services
<3> Refer to in-patient services
<4> Refer to self-help groups (AA, NA)
<5> Refer to a substance abuse counselor
<6> Refer to another counselor, a psychologist, social worker or other non-physician
<7> Something/someone else [specify]
<98> DO NOT KNOW **[go to Q13a]**
<99> REFUSED **[go to Q13a]**

Q12z: **Would you refer to anyone or anywhere else?** (second mention)

Q13a: **In the past 12 months, approximately how many of your patients under the age of 18 have you diagnosed with a substance abuse problem?**

<1-900> NUMBER OF PATIENTS
NONE
DO NOT KNOW
REFUSED

Q13b: **Among your patients under age 18 who have been diagnosed with a substance abuse problem, which substance was most frequently abused?**

<1> Alcohol,
<2> Marijuana,
<3> Hard drugs (heroin, cocaine, or hallucinogens),
<4> Barbiturates, amphetamines or inhalants,
<5> Narcotics/opiates available by prescription,

Q13b: (continued)

<6> Tranquilizers,
<7> Combinations of above substances, or
<8> Something else? [specify]
<97> NO RESPONSE CODE APPLICABLE, LEAVE NOTE FIRST
<98> DO NOT KNOW
<99> REFUSED

Q13c: **Approximately how many of your patients under the age of 18 have you tested for illegal drugs in the past 12 months?**
<1-900> NUMBER OF PATIENTS
NONE
DO NOT KNOW
REFUSED

Q14a: **In your experience, what treatments or interventions have you found to be most effective in helping patients under age 18 quit smoking or other tobacco use/ (First mention):**
<1> Patch
<2> Gum
<3> Quit cold turkey (just quit)
<4> Gradually cutting down on use
<5> Prescription medications/
<6> Counsel them on dangers
<7> Refer them to specific counseling or treatment program
<8> Respondent has found none of the treatments or interventions to be effective
<9> Other [specify]
<98> DO NOT KNOW
<99> REFUSED

Q14b: **Anything else?** (second mention)

Q14c: **Anything else?** (third mention)

Q15a: **When you know or strongly suspect that one of your adult patients has an alcohol abuse problem what do you usually do?** (first mention)
<1> Counsel them on dangers, encourage them to stop
<2> Give them educational materials on alcohol abuse
<3> Contact a family member
<4> Prescribe medication
<5> Refer them to someone or somewhere else
<6> Something else/depends [specify]
<95> NOT APPROPIATE (NEVER KNOWN OR SUSPECTED ANYONE) **[go to Q16a]**
<98> DO NOT KNOW **[go to Q16a]**
<99> REFUSED **[go to Q16a]**

Q15s: **Enter to whom or where would refer. To whom or where do your refer adult patients you know or strongly suspect have alcohol abuse problems?** (first mention)
<1> Refer to another physician or psychiatrist
<2> Refer to outpatient services
<3> Refer to in-patient services
<4> Refer to self-help groups (AA, NA)
<5> Refer to a substance abuse counselor
<6> Refer to another counselor, a psychologist, social worker or other non-physician
<7> Something/someone else [specify]
<98> DO NOT KNOW **[go to Q15b]**
<99> REFUSED **[go to Q15b]**

Q15t: **Would you refer to anyone or anywhere else**? (second mention)

Q15b: **What else do you do?** (second mention)

<1> Counsel them on dangers, encourage them to stop
<2> Give them educational materials on alcohol abuse
<3> Contact a family member
<4> Prescribe medication
<5> Refer them to someone or somewhere else
<6> Something else/depends [specify]
<96> NO SECOND MENTION **[go to Q16a]**
<98> DO NOT KNOW **[go to Q16a]**
<99> REFUSED **[go to Q16a]**

Q15: **Enter to whom or where would refer. (IF NECESSARY): To whom or where do your refer adult patients you know or strongly suspect have alcohol abuse problems?** (first mention)

<1> Refer to another physician or psychiatrist
<2> Refer to outpatient services
<3> Refer to in-patient services
<4> Refer to self-help groups (AA, NA)
<5> Refer to a substance abuse counselor
<6> Refer to another counselor, a psychologist, social worker or other non-physician
<7> Something/someone else [specify]
<98> DO NOT KNOW **[go to Q15c]**
<99> REFUSED **[go to Q15c]**

Q15v: **Would you refer to anyone or anywhere else?** (second mention)

Q15c: **What else do you do?** (third mention)

<1> Counsel them on dangers, encourage them to stop
<2> Give them educational materials on alcohol abuse
<3> Contact a family member
<4> Prescribe medication
<5> Refer them to someone or somewhere else
<6> Something else/depends [specify]
<96> NO THRID MENTION **[go to Q16a]**
<98> DO NOT KNOW **[go to Q16a]**
<99> REFUSED **[go to Q16a]**

Q15: **Enter to whom or where would refer. (IF NECESSARY): To whom or where do your refer adult patients you know or strongly suspect have alcohol abuse problems?** (first mention)

<1> Refer to another physician or psychiatrist
<2> Refer to outpatient services
<3> Refer to in-patient services
<4> Refer to self-help groups (AA, NA)
<5> Refer to a substance abuse counselor
<6> Refer to another counselor, a psychologist, social worker or other non-physician
<7> Something/someone else [specify]
<98> DO NOT KNOW **[go to Q15d]**
<99> REFUSED **[go to Q15d]**

Q15x: **Would you refer to anyone or anywhere else**? (second mention)

Q15d: **What else do you do?** (fourth mention)

<1> Counsel them on dangers, encourage them to stop
<2> Give them educational materials on alcohol abuse
<3> Contact a family member
<4> Prescribe medication
<5> Refer them to someone or somewhere else **[go to Q15y]**
<6> Something else/depends [specify]
<96> NO FOURTH MENTION
<98> DO NOT KNOW
<99> REFUSED

Q15y: **Enter to whom or where would refer. (IF NECESSARY): To whom or where do your refer adult patients you know or strongly suspect have alcohol abuse problems?** (first mention)

<1> Refer to another physician or psychiatrist
<2> Refer to outpatient services
<3> Refer to in-patient services
<4> Refer to self-help groups (AA, NA)
<5> Refer to a substance abuse counselor
<6> Refer to another counselor, a psychologist, social worker or other non-physician
<7> Something/someone else [specify]
<98> DO NOT KNOW **[go to Q16a]**
<99> REFUSED **[go to Q16a]**

Q15z: **Would you refer to anyone or anywhere else?** (second mention)

Q16a: **When you know or strongly suspect that one of your adult patients has an illegal drug abuse problem, what do you do?** (first mention)

<1> Counsel them on dangers, encourage them to stop
<2> Give them educational materials on alcohol abuse
<3> Contact a family member
<4> Prescribe medication
<5> Refer them to someone or somewhere else
<6> Something else/depends [specify]
<95> NOT APPROPIATE (NEVER KNOWN/SUSPECTED ANYONE) **[go to Q17a]**
<98> DO NOT KNOW **[go to Q17a]**
<99> REFUSED **[go to Q17a]**

Q16s: **Enter to whom or where would refer. (IF NECESSARY): To whom or where do your refer adult patients you know or strongly suspect have illegal drug abuse problems?** (First mention)

<1> Refer to another physician or psychiatrist
<2> Refer to outpatient services
<3> Refer to in-patient services
<4> Refer to self-help groups (AA, NA)
<5> Refer to a substance abuse counselor
<6> Refer to another counselor, a psychologist, social worker or other non-physician
<7> Something/someone else (specify]
<98> DO NOT KNOW **[go to Q16b]**
<99> REFUSED **[go to Q16b]**

Q16t: **Would you refer to anyone or anywhere else?** (second mention)

Q16b: **What else do you do? (IF NECESSARY): When you know or strongly suspect that one of your adult patients has an illegal drug abuse problem[n], what do you do?** (second mention)

<1> Counsel them on dangers, encourage them to stop
<2> Give them educational materials on alcohol abuse
<3> Contact a family member
<4> Prescribe medication
<5> Refer them to someone or somewhere else
<6> Something else/depends [specify]
<96> NO SECOND MENTION **[go to Q17a]**
<98> DO NOT KNOW **[go to Q17a]**
<99> REFUSED **[go to Q17a]**

Q16u: **Enter to whom or where would refer. (IF NECESSARY): To whom or where do your refer adult patients you know or strongly suspect have an illegal drug abuse problems?** (first mention)

<1> Refer to another physician or psychiatrist
<2> Refer to outpatient services
<3> Refer to in-patient services
<4> Refer to self-help groups (AA, NA)
<5> Refer to a substance abuse counselor
<6> Refer to another counselor, a psychologist, social worker or other non-physician
<7> Something/someone else [specify]
<98> DO NOT KNOW **[go to Q16c]**
<99> REFUSED **[go to Q16c]**

Q16v: **Would you refer to anyone or anywhere else?** (second mention)

Q16c: **What else do you do? (IF NECESSARY): When you know or strongly suspect that one of your adult patients has an illegal drug abuse problem[n], what do you do?** (third mention)

<1> Counsel them on dangers, encourage them to stop
<2> Give them educational materials on alcohol abuse
<3> Contact a family member
<4> Prescribe medication
<5> Refer them to someone or somewhere else
<6> Something else/depends [specify]
<96> NO THIRD MENTION **[go to Q17a]**
<98> DO NOT KNOW **[go to Q17a]**
<99> REFUSED **[go to Q17a]**

Q16w: **Enter to whom or where would refer. (IF NECESSARY): To whom or where do your refer adult patients you know or strongly suspect have an illegal drug abuse problems?)** (first mention)

<1> Refer to another physician or psychiatrist
<2> Refer to outpatient services
<3> Refer to in-patient services
<4> Refer to self-help groups (AA, NA)
<5> Refer to a substance abuse counselor
<6> Refer to another counselor, a psychologist, social worker or other non-physician
<7> Something/someone else [specify]
<98> DO NOT KNOW **[go to Q16d]**
<99> REFUSED **[go to Q16d]**

Q16x: **Would you refer to anyone or anywhere else?** (second mention)

Q16d: **What else do you do?** (fourth mention)

<1> Counsel them on dangers, encourage them to stop
<2> Give them educational materials on alcohol abuse
<3> Contact a family member
<4> Prescribe medication
<5> Refer them to someone or somewhere else **[go to Q16y]**
<6> Something else/depends [specify]
<96> NO FOURTH MENTION
<98> DO NOT KNOW
<99> REFUSED

Q16y: **Enter to whom or where would refer. (IF NECESSARY): To whom or where do your refer adult patients you know or strongly suspect have an illegal drug abuse problems?** (first mention)

<1> Refer to another physician or psychiatrist
<2> Refer to outpatient services
<3> Refer to in-patient services
<4> Refer to self-help groups (AA, NA)
<5> Refer to a substance abuse counselor
<6> Refer to another counselor, a psychologist, social worker or other non-physician
<7> Something/someone else [specify]
<98> DO NOT KNOW **[go to Q17a]**
<99> REFUSED **[go to Q17a]**

Q16z: **Would you refer to anyone or anywhere else?** (second mention)

Q17a: **In the past 12 months, approximately how many of your adult patients have you diagnosed with a substance abuse problem?**

<1-900> NUMBER OF PATIENTS **[go to Q17b]**
<996> NONE
<998> DO NOT KNOW
<999> REFUSED

Q17b **Among your adult patients who have been diagnosed with a substance abuse problem, which substance was most frequently abused?**

<1> Alcohol,
<2> Marijuana,
<3> Hard drugs (heroin, cocaine, or hallucinogens)
<4> Barbiturates, amphetamines or inhalants,
<5> Narcotics/opiates available by prescription,
<6> Tranquilizers,
<7> Combinations of above substances,
<8> Other [specify]
<97> NO RESPONSE CODE APPLICABLE, LEAVE NOTE FIRST
<98> DO NOT KNOW
<99> REFUSED

Q17c: **Approximately how many of your adult patients have you tested for illegal drugs in the past 12 months?**

<1-900> NUMBER OF PATIENTS
<996> NONE
<998> DO NOT KNOW
<999> REFUSED

Q18a: **In your experience, what treatments or interventions have you found to be most effective in helping adult patients quit smoking or other tobacco use? (first mention)**

<1> Patch
<2> Gum
<3> Quit cold turkey (just quit)
<4> Gradually cutting down on use
<5> Prescription medications
<6> Counsel them on dangers
<7> Refer them to specific counseling or treatment program
<8> Other [specify]
<98> DO NOT KNOW **[go to Q19a]**
<99> REFUSED **[go to Q19a]**

Q18b: **Anything else?** (second mention)

Q18c: **Anything else?** (third mention)

Q19a: **In the past 12 months, have you withheld prescribing analgesics to any of your patients out of concern that they might become addicted to them?**

<1> Yes **[go to Q19b]**
<2> No
<8> DO NOT KNOW
<9> REFUSED

Q19b: **For approximately how many of your patients have you withheld prescribing analgesics (because of concern that a patient may become addicted to them) in the past 12 months?**

<1-900> ENTER NUMBER OF PATIENTS
<996> NONE
<998> DO NOT KNOW
<999> REFUSED

Q20a: **During the past 12 months, with how many of your patients whom you know or suspect have a problem with alcohol abuse have you raised that topic? Would you say . . .**

<1> Almost all,
<2> More than half,
<3> About half,
<4> Less than half, or
<5> Almost none?
<7> NO RESPONSE CODE APPLICABLE, LEAVE NOTE FIRST
<8> DO NOT KNOW
<9> REFUSED

Q20b: **During the past 12 months, with how many of your patients whom you know or suspect have a problem with drug abuse have you raised that topic?**
Would you say . . .

<1> Almost all,
<2> More than half,
<3> About half,
<4> Less than half, or
<5> Almost none
<8> DO NOT KNOW
<9> REFUSED

Q21a: **During the past 12 months, approximately how many patients have you referred to a substance abuse treatment or counseling program?**

<1-900> Number of patients referred **[go to Q21b]**
<996> NONE
<998> DO NOT KNOW
<999> REFUSED

Q21b: **How satisfied or dissatisfied were you with the treatment your patients received from these referrals? Would you say you were...**

<1> Very satisfied,
<2> Satisfied,
<3> Dissatisfied, or
<4> Very dissatisfied?
<8> DO NOT KNOW
<9> REFUSED

Q21c: **In the past 12 months, were you denied any of these referrals for substance abuse counseling or treatment by an insurance company?**

<1> Yes
<2> No
<8> DO NOT KNOW
<9> REFUSED

Q22a: **Please tell me if any of the following are reasons why you sometimes do not discuss alcohol or drug use with your patients.**

Because of time constraints? (IF NECESSARY: Is this a reason why you sometimes do not discuss alcohol or drug use with your patients?)

<1> Yes
<2> No
<8> DO NOT KNOW
<9> REFUSED

Q22b: **Because of uncertainty regarding the effectiveness of available treatments? (IF NECESSARY: Is this a reason why you sometimes do not discuss alcohol or drug use with your patients?)**

<1> Yes
<2> No
<8> DO NOT KNOW
<9> REFUSED

Q22c: **Because patients often do not tell the truth about their substance use? (IF NECESSARY: Is this a reason why you sometimes do not discuss alcohol or drug use with your patients?)**

<1> Yes
<2> No
<8> DO NOT KNOW
<9> REFUSED

Q22d: **Because doing so may question your patient's integrity? (IF NECESSARY: Is this a reason why you sometimes do not discuss alcohol or drug use with your patients?)**

<1> Yes
<2> No
<8> DO NOT KNOW
<9> REFUSED

Q22e: **Because doing so may encourage a patient to seek another doctor? (IF NECESSARY: Is this a reason why you sometimes do not discuss alcohol or drug use with your patients?)**

<1> Yes
<2> No
<7> DO NOT KNOW
<9> REFUSED

Q22f: **Because you do not want to frighten or anger your patients? (IF NECESSARY: Is this a reason why you sometimes do not discuss alcohol or drug use with your patients?)**

<1> Yes
<2> No
<8> DO NOT KNOW
<9> REFUSED

Q22g: **Because you're personally uncomfortable talking about substance abuse with patients? (IF NECESSARY: Is this a reason why you sometimes do not discuss alcohol or drug use with your patients?)**

<1> Yes
<2> No
<8> DO NOT KNOW
<9> REFUSED

Q22h: **Because you're not always reimbursed for the extra time you spend dealing with substance abuse problems? (IF NECESSARY: Is this a reason why you sometimes do not discuss alcohol or drug use with your patients?)**

<1> Yes
<2> No
<8> DO NOT KNOW
<9> REFUSED

Q22i: **Are there any other reasons why you sometimes do not discuss alcohol or substance abuse with your patients?**

<1> Yes
<2> No
<8> DO NOT KNOW
<9> REFUSED

Q22j: **(IF NECESSARY): What are those reasons?**

Q23a: **Now I would like to ask you about a "Brief Intervention" strategy, an example of which would be five to ten minutes of counseling about drinking levels and the potential for problems associated with alcohol abuse. Do you ever employ such a strategy with patients who appear to have alcohol-related problems?**

<1> Yes
<2> No
<7> DO NOT KNOW
<9> REFUSED

Q23b: **Do you ever employ a "Brief Intervention" strategy, such as that previously described with patients who appear to have smoking-related problems?**

<1> Yes
<2> No
<8> DO NOT KNOW
<9> REFUSED

Q24a **In your opinion, how many drinks per day or week constitute a drinking problem for males? (IF NECESSARY): Is that per day or per week?**

<1> PER DAY
<2> PER WEEK
<98> DO NOT KNOW
<99> REFUSED

Q24x: (IF NECESSARY): Is that drinks or ounces?

<1> DRINKS
<2> OUNCES
<7> DO NOT KNOW
<9> REFUSED

Q24b: Enter number of drinks.

<1-50> NUMBER OF DRINKS
<51> MORE THAN 50 DRINKS
<98> DO NOT KNOW
<99> REFUSED

Q24y: Enter number of ounces.

<1-400> NUMBER OF OUNCES
<51> MORE THAN 400 OUNCES
<98> DO NOT KNOW
<99> REFUSED

Q25a: **In your opinion, how many drinks per day or week constitute a drinking problem for females? Enter time period.**

<1> PER DAY
<2> PER WEEK
<98> DO NOT KNOW
<99> REFUSED
<1> DRINKS
<2> OUNCES
<8> DO NOT KNOW
<9> REFUSED

Q26.: **About how many patients do you see in your office practice in an average week?**

<1-500> ENTER NUMBER
<998> DO NOT KNOW
<999> REFUSED

Q27a: **Approximately what percentage of your patients are enrolled in managed care plans, such as HMO's?**

<0-100> ENTER PERCENTAGE
998> DO NOT KNOW
<999> REFUSED

Q27b: Approximately what percentage of your patients are enrolled in Medicaid plans?

<0-100> ENTER PERCENTAGE
<998> DO NOT KNOW
<999> REFUSED

Q28: **We're almost finished. Now I would like to ask you some questions about your background. In what year did you graduate from medical school?**
<20-98> ENTER YEAR
<998> DO NOT KNOW
<999> REFUSED

Q29a: **During medical school or your residency training, did you receive instruction regarding the diagnosis or treatment of alcoholism or substance abuse?**
<1> Yes
<2> No
<8> DO NOT KNOW
<9> REFUSED

Q29b: **Have you ever received training regarding the diagnosis or treatment of alcoholism or substance abuse as part of a continuing medical education (CME) program?**
<1> Yes **[go to Q29c]**
<2> No
<8> DO NOT KNOW
<9> REFUSED

Q29c: **In what year did you last receive training regarding the diagnosis or treatment of alcoholism or substance abuse as part of a continuing medical education (CME) program?**
<20-99> ENTER YEAR
<998> DO NOT KNOW
<999> REFUSED

Q29d: **To what extent have you incorporated this training into your daily practice? Would you say...**
<1> To a great extent,
<2> to some extent,
<3> very little
<4> not at all
<8> DO NOT KNOW
<9> REFUSED

Q29e: **Would you be interested in receiving additional training regarding the diagnosis or treatment or alcoholism or substance abuse?**
<1> Yes
<2> No
<8> DO NOT KNOW
<9> REFUSED

Q30: **Are you currently in a solo private practice, in a two-physician private practice, or in a group practice or clinic?**
<1> Solo private practice
<2> Two-physician private practice
<3> Group practice or clinic
<8> DO NOT KNOW
<9> REFUSED

Q31: **Would you say you practice primarily in an ...**
<1> Urban area,
<2> Suburban area,
<3> Small town
<4> A rural area
<8> DO NOT KNOW
<9> REFUSED

Q32a: **Have you ever smoked cigarettes on a regular basis?**

<1> Yes **[go to Q32b]**
<2> No
<8> DO NOT KNOW
<9> REFUSED

Q32b: **Do you currently smoke cigarettes?**

<1> Yes
<2> No
<8> DO NOT KNOW
<9> REFUSED

Q33a: **Have you ever drunk alcohol on a regular basis?**

<1> Yes **[go to Q33b]**
<2> No
<8> DO NOT KNOW
<9> REFUSED

Q33b: **Do you currently drink alcohol on a regular basis?**

<1> Yes
<2> No
<7> DO NOT KNOW
<9> REFUSED

Q34: **Have you ever had a personal experience with friends or close colleagues who had an alcohol or substance abuse problem?**

<1> Yes
<2> No
<8> DO NOT KNOW
<9> REFUSED

Q35: **Have you ever had a personal experience with a family member who had an alcohol or substance abuse problem?**

<1> Yes
<2> No
<8> DO NOT KNOW
<9> REFUSED

Q36: **With which racial or ethnic group do you identify yourself? Are you. . .**

<1> American Indian or Alaskan Native,
<2> Asian or Pacific Islander,
<3> Black or African-American, but not of Hispanic origin,
<4> White, but not of Hispanic origin,
<5> Hispanic, or
<6> Are you biracial or multiracial?
<7> Something else (specify)
<98> DON'T KNOW
<99> REFUSED

ENTER respondent's gender.

>END< Thank you for your time.

Appendix C

PATIENT SURVEY QUESTIONNAIRE

The questions in this survey are concerned with any diagnosis and treatments you may have received for any substance abuse or addiction problem you may have ever had.

1. Have you ever abused or been addicted to any of the following substances?

		Yes	No
a.	Tobacco	1	2
b.	Alcohol	1	2
c.	Marijuana	1	2
d.	Crack	1	2
e.	Other forms of cocaine	1	2
f.	Heroin	1	2
g.	Hallucinogens (PCP, LSD, peyote, etc.)	1	2
h.	Speed/crystal meth	1	2
i.	Stimulants (uppers)	1	2
j.	Sedatives (sleeping pills, downers)	1	2
k.	Analgesics (prescription pain killers)	1	2
l.	Tranquilizers (e.g., Valium, Ativan)	1	2
m.	Methadone	1	2
n.	Diet pills	1	2
o.	Other prescription pills or medications	1	2
	(PLEASE SPECIFY)_____		
p.	Other Substances?	1	2
	(PLEASE SPECIFY)_____		

IF ONLY ONE SUBSTANCE EVER ABUSED, SKIP TO Q.2.

q. Which of these substances is your **drug of choice** (primary addiction)?

_____

_____

2. **For how many months or years in total have you had a substance abuse or addiction problem?**

_____ months

or

_____ years

3. **How old were you when you first <u>developed</u> a substance abuse or addiction problem?**

_____ years old

4. **How involved were each of the following persons or groups in deciding that you needed treatment for a substance abuse or addiction problem?**

	Involved a lot	Involved a little	Not involved	Not applicable
a. Yourself	1	2	3	7
b. Your family	1	2	3	7
c. Your spouse/significant other	1	2	3	7
d. Your friend(s)	1	2	3	7
e. Your employer	1	2	3	7
f. Your co-workers	1	2	3	7
g. A primary care physician(s)	1	2	3	7
h. Criminal justice system (Police, Judge)	1	2	3	7
i. Other physicians (NOTE SPECIALTY)	1	2	3	7
_____				
j. Clergy	1	2	3	7
k. Other professionals (PLEASE SPECIFY)	1	2	3	7
_____				
l. Other persons or groups (PLEASE SPECIFY)	1	2	3	7
_____				

5a. **Did you <u>ever</u> see an *emergency room physician*, for any reason, during the time period when you had a substance abuse or addiction problem?**

Yes 1

No ..... 2→(SKIP TO Q.6)

5b. **How many times did you see an emergency room physician during this time?**

_____ times

6. **Did you <u>ever</u> see a primary care physician, for any reason, during the time period when you had a substance abuse or addiction problem? Primary care physicians include those who practice family medicine, general medicine, internal medicine, obstetrics/gynecology (OB/GYN), and pediatrics.**

Yes 1

No ..... 2→ (SKIP TO Q.26, PAGE 9)

7. **How many <u>different</u> primary care physicians did you see, for any reason, during the period when you had a substance abuse or addiction problem?**

_____ primary care physicians

8. **How many different <u>times</u> did you see a primary care physician, for any reason, during the period when you had a substance abuse or addiction problem?**

_____ times

9. **In general, when you visited a primary care physician, how many minutes <u>on average</u> would he or she spend <u>just talking with you</u>, not including time spent examining you?**

_____ minutes

10. **In general, when you saw a primary care physician during this period, how often was it because of health problems that may have been <u>caused by</u> or <u>related to</u> your substance abuse or addiction problem?**

Usually 1

Sometimes 2

Rarely 3

Never 4

11. **What was the specialty of the primary care physician you saw <u>most often</u> during this time?**

Family practitioner 1

General practitioner 2

Internal medicine 3

OB/GYN 4

Pediatrician 5

Other specialty (PLEASE SPECIFY) _____ 6

Don't know 8

12. Did a primary care physician ever ask you about the amount or frequency of your use of any of the following substances during this time?

	Yes	No
a. Tobacco	1	2
b. Alcohol	1	2
c. Drug use in general	1	2
d. Use or overuse of prescription drugs such as tranquilizers, sedatives, antidepressants, painkillers, or stimulants?	1	2
e. Marijuana	1	2
f. Cocaine or crack cocaine	1	2
g. Heroin or other illegal drugs	1	2

13. Did a primary care physician ever ask if you had a family history of alcohol or other drug abuse or addiction during this time?

Yes 1

No 2

14. Did a primary care physician ever know or suspect that you had a substance abuse or addiction problem?

Yes 1

No ..... 2 → (SKIP TO Q.26, PAGE 9)

15a. Did you and a primary care physician ever discuss your substance abuse or addiction problem?

Yes 1

No ..... 2 → (SKIP TO Q.26, PAGE 9)

15b. On a typical visit to your primary care physician, approximately how many minutes did you spend discussing your substance abuse or addiction problem?

_____

16. Who first started this discussion about your substance abuse or addiction problem, you or the primary care physician?

I started the discussion with my physician 1

My physician started this discussion with me 2

Do not remember 8

17. Knowing about your substance abuse or addiction problem, did the primary care physician ever prescribe psychoactive drugs such as sedatives or Valium?

Yes 1

No 2

18. How <u>difficult</u> was it for you to discuss your substance abuse or addiction problem with the primary care physician?

Very difficult 1

Somewhat difficult 2

Not too difficult ..... 3→(SKIP TO Q.20)

Not at all difficult ..... 4→(SKIP TO Q.20)

19. Was it difficult to discuss your substance abuse or addiction problem with the primary care physician because of the following reasons?

		Yes	No
a.	Because you felt the doctor would not be sympathetic?	1	2
b.	Because you were ashamed?	1	2
c.	Because you were afraid of the doctor?	1	2
d.	Because you were afraid the doctor would tell other members of your family?	1	2
e.	Because there was not enough time during your visits with the doctor?	1	2
f.	Because you didn't think the doctor would know how to help?	1	2
g.	Because you did not want to stop using drugs or alcohol?	1	2
h.	Any other reasons? (PLEASE SPECIFY) _____	1	2

20. How concerned do you feel the primary care physician was with your well-being after you were diagnosed with a substance abuse or addiction problem?

Very concerned 1

Somewhat concerned 2

Not too concerned 3

Not at all concerned 4

Don't know 8

21a. Did the primary care physician <u>ever</u> provide you with any advice, referrals or treatment for your substance abuse or addiction problem?

Yes 1

No ..... 2 → (SKIP TO Q.23a)

21b. Which of the following types of advice, referral, or treatment did the primary care physician provide you with?

		Yes	No
a.	Advice to cut down or quit	1	2
b.	Booklets, brochures, or other printed materials	1	2
c.	Behavior modification techniques such as relaxation and aversion	1	2
d.	Prescription drugs	1	2
e.	Acupuncture	1	2
f.	Contacted a family member	1	2
g.	Referral to another physician	1	2
h.	Referral to a substance abuse counselor	1	2
i.	Referral to a psychologist, social worker or other non-physician	1	2
j.	Referral to a self-help group (AA, NA)	1	2
k.	Referral to an outpatient treatment program	1	2
l.	Referral to an inpatient treatment program	1	2
m.	Something else? (PLEASE SPECIFY)	1	2

---

22. Overall, how <u>satisfied</u> are you with the advice, referrals, and/or treatments that the primary care physician provided for you?

Very satisfied 1

Somewhat satisfied 2

Not too satisfied 3

Not at all satisfied 4

23a. Do you feel that the primary care physician did <u>everything</u> that he or she could do to help you overcome your substance abuse or addiction, or do you feel that there were other ways that he or she could have helped you?

Yes, the physician did everything he or she could do ..... 1→(SKIP TO Q.24)

No, there were other ways the physician could have helped 2

Don't know 8

23b. What other ways do you feel the physician could have helped you to overcome your substance abuse or addiction?

_____

24. In your opinion, how qualified do you feel the primary care physician was to help you with your substance abuse or addiction problem?

Very qualified 1

Somewhat qualified 2

Not too qualified 3

Not at all qualified 4

25. To what extent do you agree or disagree with the following statements?

	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree
a. The primary care physician made me feel that my addiction was a result of a lack of willpower on my part	1	2	3	4
b. I have never felt "put down" by the primary care physician because of my addiction	1	2	3	4
c. The primary care physician was too busy to detect my addiction	1	2	3	4

26. Please indicate whether you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with each of the following statements.

	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree
a. It is common for patients to lie to physicians about their addictions	1	2	3	4
b. Physicians are far more concerned with patient smoking than with other addictions	1	2	3	4
c. Physicians are gullible because they believe everything their patients tell them is true	1	2	3	4
d. Physicians do not know how to detect addictions and will instead just treat the physical symptoms of the addiction	1	2	3	4
e. Physicians do not know how to detect addictions and end up prescribing drugs that may be dangerous, given the patient's addiction	1	2	3	4

27. How old were you when you were <u>first treated</u> for a substance abuse or addiction problem?

_____ years old

28. How many <u>different times</u> have you been treated for a substance abuse or addiction problem?

a. At an in-patient facility? ..... _____ times

b. At outpatient facility? ..... _____ times

c. By a counselor/psychologist/psychiatrist? ..... _____ times

d. By a primary care physician? ..... _____ times

If treated by a primary care physician, did treatment include any of the following medications?

	Yes	No
(1) Revia (Naltrexone)	1	2
(2) Methadone	1	2
(3) Antabuse	1	2
(4) Something else? (SPECIFY) _____	1	2

e. In another setting? (PLEASE SPECIFY) _____ times

_____

29. What is the total length of time you will be receiving treatment at this facility?

_____ days

or

_____ weeks

30. How long ago were you most recently treated for a substance abuse or addiction problem, <u>prior to your current treatment</u>?

Within the last 6 months 1

7-12 months ago 2

1-2 years ago 3

3 or more years ago 4

Never received prior treatment 5

31. Were any of the following methods used to pay for your current treatment?

	Yes	No	Don't know
a. Blue Cross/Blue Shield	1	2	8
b. Other private or commercial insurance (including HMOs)	1	2	8
c. Medicaid/Mediplan	1	2	8
d. Medicare	1	2	8
e. Your own money	1	2	8
f. Money from parents or other relatives	1	2	8
g. State or local Department of Corrections	1	2	8
h. Other (PLEASE SPECIFY)	1	2	8

32. In what state or country do you live when not in treatment?

_____

33. What is the size of the area in which you live when not in treatment?

Large city (over one million population) 1
Smaller city (less than one million) 2
Suburban area 3
Small town (less than 50,000) 4
Rural area 5

34a. Including yourself, how many members of your household are 18 years of age or older?

_____members

34b. How many members of your household are under 18 years of age?

_____members

35. Are you . . .

Male 1
Female 2

36. In what year were you born? 19_____

37. What is the highest grade or year of school you have completed?

Elementary school (grades 1-8) 1

Some high school (grades 9-11) 2

High school graduate or GED (grade 12) 3

Some college or vocational school 4

Technical or vocational school graduate or Associate's degree 5

College graduate (four-year college degree) 6

Some graduate school 7

Advanced/professional degree (M.A., M.S., Ph.D., J.D., M.D., etc.) 8

38. With which racial or ethnic group do you identify yourself?

African American or Black, but not of Hispanic origin 1

White, but not of Hispanic origin 2

Hispanic or Latino/a 3

Asian 4

Native American or Aleut 5

Multiracial or Biracial 6

Some other group (PLEASE SPECIFY) 7

_____

39. What was the total income for 1998 for all members of your household, from all sources, before taxes?

Less than $10,000 1

$10,000 - $29,999 2

$30,000 - $49,999 3

$50,000 - $69,999 4

$70,000 - $99,999 5

$100,000 or more 6

Don't know 8

40. **Please fill in here any comments you would like to make about your substance abuse and treatment experiences and/or any comments you have about this questionnaire.**

_____

_____

_____

_____

Thank you again for helping us better understand the experiences of persons like yourself who are recovering from substance abuse and other addictive experiences.

Employment
Services

Secretarial, Clerical and Administrative Support Vacancies

Please note that vacancies are open for a minimum of five business days only, and can close anytime thereafter without prior notification.

Pay band Information

Job Posting Information:

Position/Working title:	**ADMINISTRATIVE ASSISTANT**
Role title:	**ADMINISTRATIVE & PROGRAM SPECIALIST III**
Position number:	**54290C**
Department:	**ATHLETIC DEPARTMENT**
Pay band:	**3**

Description of general responsibilities:

Administrative Assistant for the VCU Sports Center office. Responsible for all clerical & administrative duties, scheduling meetings, appointments, special events; assist in processing of applications; maintaining prospective and current student files; developing, implementing and maintaining VCU Sports Center database; act as liaison for VCU Sports Center with staff and other university entities. Provide clerical, secretarial, technological and administrative support for entire program.

Qualifications:

Several years experience in a business office environment. Knowledge of Microsoft Office, Microsoft Access, and other word processing. Knowledge of website navigation and maintenance a plus. Bachelor's degree from an accredited college or university is preferred.

Full- or Part-time:	**Full-time**
Number of hours per week:	**40**

Normal work days:	M-F
Normal work hours:	8:00-4:30 P.M.
Position type:	Classified
Open date:	05/15/2001

Job Posting Information:

Position/Working title:	ADMINISTRATIVE ASSISTANT
Role title:	ADMINISTRATIVE AND PROGRAM SPECIALIST III
Position number:	54622A
Department:	VCU LIFE SCIENCES/ISBOC
Pay band:	3

Description of general responsibilities:

Seeking individual to perform administrative, technical, and fiscal support to the Director of the ISBoC (Institute for Study of Biological Complexity). Assist in supervision and operations of the Administrative Office of ISBoC. Analyzes work flow, designs and maintains record keeping and filing for multiple offices/organizational units; conducting and reporting research on special projects; oversight of fiscal administration and budgets of ISBoC: organizing, scheduling and planning meetings and facilities. Serves as initial phone and personal contact for the ISBoC and Director. Reviews mail for Director of ISBoC. Coordinates and tracks progress of various staff, reviews content and accuracy of information which is prepared for supervisor's approval. Develops office procedure policies, organizes, plans, and executes reports, grant proposals, accounts; compiles and maintains all institute financial records on a monthly basis, prepare budget projections/summaries, administers and manages grants. Maintains Reference Citation Databases. Coordinates faculty and student classes , preparation of curriculum for ISBoC.

Qualifications:

Excellent oral and written communications are preferred. Ability to work independently with appropriate judgment, tact and discretion. Competence in operation and use of desktop PC (MS Word, Excel, PowerPoint, or related software). Competence in Reference Manager or other reference database maintenance software. Competence and experience with fiscal accounting and budgets, and VCU systems for accounting and budgets. Ability to work in a fast pace, high intensity environment. College degree or equivalent experience in an academic research setting. Experience with University and State systems preferred.

Full- or Part-time:	Full-time
Number of hours per week:	40
Normal work days:	M-F
Normal work hours:	
Position type:	Classified
Open date:	05/08/2001

Job Posting Information:

Position/Working title:	**ADMINISTRATIVE STAFF ASSISTANT**
Role title:	**ADMIN & PROGRAM SPEC III**
Position number:	**00012B**
Department:	**PROVOST & VP ACADEMIC AFFAIRS**
Pay band:	**3**

Description of general responsibilities:

Serve as Administrative Staff Assistant to the Provost and Vice President for Academic Affairs. Reports to Executive Assistant and represents the Office in a professional and responsive manner to the public, administration, faculty, staff and students. Provides support to the Provost with duties that include: admin support activities in response to correspondence/requests and projects for committees and work groups reporting to Provost; coordinates special research assignments; coordinates meeting schedules/space, amenities and provides materials to attendees; records minutes of meetings; performs general office functions; displays high regard for maintaining confidentiality.

Qualifications:

Experience working with highly confidential and sensitive issues; interpersonal skills to deal effectively with multiple constituents in University community and general public; excellent oral, written communication skills desired. Strong PC skills with MS Windows and Office; website development/maintenance skill strongly encouraged. Experience in university setting preferred. Able to present quantitative info in written reports is needed.

Full- or Part-time:	**Full-time**
Number of hours per week:	**40**
Normal work days:	**M-F**
Normal work hours:	**8-5**
Position type:	**Classified**
Open date:	**05/21/2001**

Job Posting Information:

Position/Working title:	**ADMINISTRATIVE AND PROGRAM SPECIALIST II**
Role title:	**ADMINISTRATIVE AND PROGRAM SPECIALIST II**
Position number:	**50762F**
Department:	**VCU LIBRARIES**
Pay band:	**2**

Description of general responsibilities: